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## Resilience and African American Early Adolescents: The Protective Function of Religion and Structured After-School Activities

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LOYOLA UNIVERSITY CHICAGO

RESILIENCE AND AFRICAN AMERICAN EARLY ADOLESCENTS:  
THE PROTECTIVE FUNCTION OF RELIGION AND STRUCTURED  
AFTER-SCHOOL ACTIVITIES

A DISSERTATION SUBMITTED TO  
THE FACULTY OF THE GRADUATE SCHOOL  
IN CANDIDACY FOR THE DEGREE OF  
DOCTOR OF PHILOSOPHY

PROGRAM IN COUNSELING PSYCHOLOGY

BY

GLORIA P. MONTGOMERY-WALTERS

CHICAGO, ILLINOIS

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For my husband, Ron, Jr. and our children, Ronald (Trio) and Gabrielle

Man never made any material as resilient as the human spirit.

*Bernard Williams*



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## CHAPTER ONE

### INTRODUCTION

The concept of resilience in children and adolescents is a relatively new area of inquiry in the social sciences. Empirical investigations have attempted to more clearly understand this phenomenon in an effort to integrate the defining characteristics of resilience and to build a solid theoretical framework. Studies of resilience and vulnerability generally reflect individuals' susceptibility to either positive or adverse outcomes when subjected to high-risk circumstances and environments (Kaplan 1999). As defined by Masten and Coatsworth (1998), resilience is the ability of children to overcome unfavorable circumstances to achieve positive developmental outcomes.

The empirical study of resilience emerged from developmental psychopathology. As these research scientists examined pathways to delinquency in 'at-risk' youth, there consistently emerged groups of resilient children; those who achieved competence in the face of multiple adversities (Masten, Best, & Garmezy, 1990; Masten & Coatsworth, 1998). For example, the Kauai Longitudinal Study (Werner, 1993) originally set out to examine vulnerability, or susceptibility to maladaptive outcomes due to serious risk exposure, in a cohort of children born on the Hawaiian Island in 1955. The researchers discovered a substantial number of resilient individuals within the cohort who manage

to develop competently despite exposure to multiple risk factors during childhood and adolescence. Although resilience has been measured in a variety of ways (e.g., psychological process, psychosocial outcomes, and trauma recovery) (Kaplan, 1999; Masten, Best, & Garmezy, 1990), most, if not all, researchers agree that for an individual to be considered resilient he or she must first show verifiable evidence of risk exposure. Those children who have good developmental outcomes but have not been exposed to significant risk are considered *competent*, while those who have undesirable outcomes in the face of adverse environmental factors are considered *maladjusted*. Resilient children are those who have experienced a considerable developmental threat and yet have gained or maintained favorable outcomes (Masten, 2001).

### Risk Factors

Risk is defined by Kraemer, et al. (1997) as “a probability of an outcome within a population of subjects.” Risk factors, or stressors, are those attributes, situations, or environmental contexts an individual or group is exposed to that increase the probability of negative outcomes (Clayton, 1992; Kraemer, et al., 1997) or that impede the attainment of developmental tasks (Taylor, 1994).

There is a large body of research that has investigated various factors that can hinder the positive development of adolescents, including poverty, family dysfunction, and drug/alcohol abuse. In a longitudinal study, Spence and her colleagues (2002) found that, those exposed to poverty, maternal anxiety and depression, and distress in the parents’ marital relationship during childhood were at greater risk of developing

depression and anxiety in adolescence. Galambos, Leadbeater, and Barker (2004) examined the relationship between cigarette smoking, social support, and depression and concluded that increased cigarette smoking and decreased social support put adolescents at higher risk of experiencing depressive symptoms. This finding, as with other studies of depression, was more prevalent for girls than for boys. Burton (2005) listed several risk factors for youth participation in criminal activity, including academic failure (see also Farrington, 1996), having a parent who has participated in criminal activity (see also Rowe & Farrington, 1997), and associating with delinquent peers (see also Farrington, 1996).

Association with delinquent peers is a widely studied risk factor particularly as it relates to boys and externalizing behavior problems. For example, Keenan, Loeber, Zhang, Stouthamer-Loeber, and Van Kammen (1995) looked at deviant peer relationships in a sample of African American and Caucasian boys in the 4<sup>th</sup> and 7<sup>th</sup> grades and found that having peers who participated in either overt or covert delinquent activity was predictive of later engagement in such activities. Additional predictive findings for this sample suggested that boys were 1.5 times more likely to experience conflict with authority figures when they were previously exposed to peers involved in similar activities. Griffin, Scheier, Botvin, Diaz, and Miller (1999) examined community, peer and family variables as risk factors for interpersonal aggression. Their correlational study found associations between high interpersonal aggression and delinquent peers as well as poor parental monitoring and perceived neighborhood risk.

Exposure to community violence is another particularly stressful risk factor that is especially prevalent for African American youth from low-income urban environments. The literature is profuse with evidence regarding the harmful effects for children and adolescents of witnessing violence and/or being involved in violent activities either as a victim or perpetrator. For example, Cooley-Quille, Turner, and Beidel (1995) assessed the impact of exposure to community violence on African American elementary and middle school students residing in urban areas and found an association between high levels of violence exposure and externalizing behavior. In a study that examined the impact of community violence exposure on urban high school students, an association was found with internalizing behavior (Cooley-Quille, Boyd, Frantz, & Walsh, 2001).

As can be seen from these findings, there is a broad range of factors that negatively effect children and adolescents and place them at risk for unfavorable behavioral and emotional outcomes. The risk factors that will be examined in the current study are a) exposure to community violence and b) affiliation with deviant peers. The operational definition for community violence in the current study was adopted from the work of Cooley, Turner, and Beidel (1995) who define community violence as "deliberate acts intended to cause physical harm against a person or persons in the community" (p. 202). This definition is useful because it stresses the intentionality of the violence. These particular risk factors were chosen due to the sizeable amount of literature that identifies their relationship to problematic outcomes for children and adolescents.

### Protective Factors

Protective factors help to explain why some youth who are exposed to risks do not suffer the negative consequences that are predictive of such exposure. Because resilient children overcome adversity and succeed despite the odds against them, researchers have begun to investigate the processes that buffer or protect them from poor mental health, behavioral and academic outcomes. According to Rutter (cf. Alvord & Grados, 2005), protective factors are “influences that modify, ameliorate, or alter a person’s response to some environmental hazard that predisposes to a maladaptive outcome” (p. 600). Jessor, Van Den Bos, Vanderryn, Costa, and Turbin (1995) add that protective variables “moderate, buffer or insulate against risk” (p. 923).

Empirical studies have begun to explore the importance of protective factors in the lives of youth. Jessor and colleagues (1995) determined in their longitudinal study that at higher levels of protection, the association between high risk and problem behavior decreases significantly. Werner’s (1989) Kauai study identified an internal locus of control, family support, external social support, and higher intelligence as variables that insulate against poor behavioral and academic outcomes. Hagen, Myers, and Mackintosh (2005), in their study of children of incarcerated women, found that hopefulness protected against internalizing and externalizing behavior problems. Beam, Gil-Rivas, Greenberger, and Chen (2002) found that parental warmth protected adolescents against depressive symptoms and that perceived negative consequences for misconduct from parents protected against problem behavior.

Several researchers have grouped protective factors into categories. Corcoran and Nichols-Casebolt (2004), for example, use an ecological framework (Bronfenbrenner, 1989) to identify risk and protective factors at the micro level (e.g., individual and family factors), the meso level (e.g., neighborhood, school, and religious factors), and the macro level (e.g., employment and discrimination), while Garmezy (1985) identified three categories of protective factors including child-based, family-based, and community-based. These abstractions are useful in that they help to conceptually organize protective factors (e.g., emotional, social, educational) (Burton & Marshall, 2005), however, care should be taken not to decontextualize, thereby masking the importance of the interconnectedness between the person and the environment.

Protective factors are complex independent variables that can directly impact outcomes and/or moderate the relationship between risk factors and outcomes (Jessor et al., 1995; Beam et al., 2002). The protective factors for the current study, religious beliefs and practices and structured after-school activities, were chosen because although there is a growing interest in how time spent during non-school hours impacts the lives of youth (Eccles, Barber, Stone, and Hunt, 2003), much more research is needed to support the efficacy of religious and structured out-of-school activities as protective mechanisms for children (Nettles, Mucherah, & Jones, 2000).

### Purpose and Hypotheses

The idea of resilience has been met with some controversy as to its necessity and utility in the behavioral sciences (Kaplan, 1999). However, a focus on positive



developmental outcomes is a logical piece of the mental health puzzle that has been neglected until fairly recently (Larson, 2000). Seligman (1998) makes the point that cultivating strengths and helping people live more fulfilling lives are two of the fundamental goals of psychology that had been virtually forgotten in the face of a growing focus on dysfunction and pathology. Seligman states that,

Psychology is not just the study of weakness and damage, it is also the study of strength and virtue. Treatment is not fixing what is broken, it is nurturing what is best within ourselves. (p. 5)

From a prevention standpoint, if one can understand the processes by which some children overcome adversity to achieve favorable outcomes, then one is better able to develop programs and services that increase positive developmental outcomes for those children who might otherwise require remedial interventions (Werner, 1984). Ideally, the goal of such work is to decrease the need for remediation, which seems only to have a positive impact on individuals and communities in need.

The current investigation tested a moderator model of resilience in a sample of African American middle school aged children residing in an urban environment. For the purposes of this study, a moderator variable is defined as a variable whose presence changes the magnitude or direction of the relationship between two other variables. More specifically, this study investigated the protective function of religious beliefs and practices (RBP) and structured after-school activities (SAA) or the ability of these factors to moderate the relationship between community violence exposure, deviant peer association, and depression. The overarching goal here was to examine community-

based factors that may serve to insulate children who are exposed to multiple risks from negative outcomes so that services can be provided to help promote these activities for those who might otherwise require mental health services. Alvord and Grados (2005) support the notion that resilience can be both learned and enhanced. The specific research hypotheses are as follows:

1. Religious Beliefs and Practices (RBP) will moderate the relationship between exposure to community violence and depression. Specifically, study participants exposed to community violence who are involved in RBP will show fewer depressive symptoms.
2. Structured After-school Activities (SAA) will moderate the relationship between exposure to community violence and depression. Specifically, study participants exposed to community violence who are involved in SAA will show fewer depressive symptoms.
3. RBP will moderate the relationship between deviant peer affiliation and depression. Specifically, participants who have deviant friends who are involved in RBP will show fewer symptoms of depression.
4. SAA will moderate the relationship between deviant peer affiliation and depression. Specifically, participants who have deviant friends who are involved in SAA will show fewer symptoms of depression

## CHAPTER TWO

### LITERATURE REVIEW

This chapter summarizes much of the current literature on community violence exposure and deviant peer affiliation (risk factors), religiosity and structured after-school activities (protective factors), and how these variables are related to depression (outcome variable) in children and adolescents.

#### Risk Factors

##### Exposure to community violence

Community violence exposure (e.g., witnessing, perpetrating, victimization) is a pervasive problem among children and adolescents, particularly those living in urban neighborhoods (Jenkins & Bell, 1994; Veenema, 2001). Weist, Acosta, and Youngstrom (2001), in an investigation of the predictors of violence exposure among inner-city high school-aged adolescents, found that 77% of their sample reported witnessing some form of community violence, while nearly half (47%) reported being a victim of violence. A study of predominantly African American students found that approximately 40% of 6<sup>th</sup> grade boys and 30% of 6<sup>th</sup> grade girls reported having witnessed a shooting (Farrell and Bruce, 1997). Seventy percent of both Richter and Martinez' (1993a) fifth and sixth

grade sample and Jenkins and Bell's (1994) high school sample who reported witnessing a shooting had seen at least two separate shootings (see also Jenkins & Bell, 1997).

Research on the impact of exposure to violence for children suggests that those who are exposed to chronic community violence are at risk for numerous and longstanding difficulties including psychological distress and social, physical, and academic impairments. Nettles, Mucherah, and Jones (2000) found that children's violence exposure negatively influenced academic performance in reading and math. Their findings also suggest that children's perceived exposure to violent activity related to symptoms of anxiety as well as family conflict.

Post-Traumatic Stress Disorder (PTSD) has been repeatedly noted as a consequence of both chronic and acute violence exposure for children and adolescents as well as adults (Buka, Stichick, Birdthistle, & Earls, 2001; Jenkins & Bell, 1997; Osofsky, 1995). Additional internalizing problems associated with exposure to violence include symptoms of other anxiety spectrum disorders (e.g., panic disorder or generalized anxiety disorder), depression, hopelessness, and poor self-esteem (Cooley-Quille, Boyd, Frantz, & Walsh, 2001; Perez-Smith, Albus, & Weist, 2001), poor attention and concentration, inhibition (Osofsky, 1995, Singer, Anglin, Song, & Lunghofer, 1995), sleep disturbance, and somatic complaints (e.g., stomachaches, headaches) (Jenkins & Bell, 1997; Pynoos, 1993). Exposure to community violence has also been found to strongly predict physical aggression, conduct disorder, and other externalizing behavior problems (Cooley-Quille et al., 2001; Jenkins & Bell, 1997; Perez-Smith, Albus, & Weist, 2001; Pynoos, 1993).

There are marked demographic differences with regard to the prevalence and impact of exposure to chronic community violence among children and adolescents. Overall, males tend to report higher incidences of exposure to violence than do females (Buka, et al., 2001; Selner-O'hagan, Kindlon, Buka, & Raudenbush, 1998). Violence exposure also disproportionately affects African American youth when compared with Caucasian (Cooley, Turner, & Beidel, 1995; Selner-O'hagan et al., 1998) and Hispanic (Martin, Gordon, & Kupersmith, 1995) children. Additionally, multiple sources have reported higher rates of exposure to violence for children from poorer urban communities (Buka, et al., 2001; Campbell & Schwartz, 1996; Fitzpatrick, 1997; Moses, 1999). Singer and colleagues (1995) examined the differences in rate of violence exposure for more than 3700 adolescents in a small town, a suburb, and two urban cities in the Midwestern portion of the United States. They found that students from lower socioeconomic backgrounds reported higher rates of exposure to violence. Singer and colleagues also found that the percentage of teens witnessing a stabbing or shooting ranged from 5% for the suburb to over 50% for the largest of the two urban cities (see also Jenkins & Bell, 1997; Buka et al., 2001).

As for demographic differences in the impact of violence exposure on children, Weist et al (2001) found that urban boys and African American youth were more likely to be negatively effected by past and present exposure to violence than urban girls and Caucasian youth. Cooley et al (1995) concluded that exposure to chronic violence was more likely to result in anxiety and depression for black youth than for white youth. In

contrast to Weist and colleagues findings regarding gender differences in exposure to violence, Farrell & Bruce's results suggest that higher levels of violence exposure correlate with greater increases in violent behavior among girls but not boys (1997). Weist and colleagues also reported that being held back or repeating a grade was more strongly associated with violence exposure for boys than girls, particularly as it related to being a victim. The relationship between gender and the effects of community violence presents a mixed picture with some concluding that girls are more adversely affected than boys, while others have found the opposite.

There seems to be more agreement in the literature as to the racial disparities related to level of community violence exposure and its impact on youth. One plausible explanation for these differences is the pervasiveness of community violence in poorer urban communities where many African Americans reside. Olson and Jerald (1998) expound that black families' experience of poverty is much different when compared to other racial/ethnic groups. Poor black families often experience concentrated poverty, in which those with insufficient resources tend to be clustered together in communities of dense poverty. These conditions are related to a myriad of additional risk factors (e.g., increased family discord, crime and community violence, substandard housing, drug trafficking, and drug abuse). Poor white families, on the other hand, tend to experience a more dispersed poverty, in which they are more likely to live in communities with others of varied socioeconomic status, which tends to mitigate additional risk factors. While poverty is not a justification for poor adjustment, it is clear that living in poverty

contributes significantly to unfavorable outcomes for African American children and adolescents due to the multiple stressors caused by being poor. However, it is important to emphasize that many African American children living in poorer communities tend to be well adjusted despite their socioeconomic circumstances. Additionally, not all children who are exposed to community violence develop poorly. Many resilient children develop competently while some even manage to excel despite such exposure. It is these children that this study in particular, and the resilience literature as a whole, attempts to highlight.

Exposure to community violence and depression. Much of the current research documents an association between chronic exposure to community violence and depression for children and adolescents. (DuRant, Getts, Cadenhead, Emans, and Woods, 1995; Lynch & Cicchetti, 1998). Ceballo, Ramirez, Hearn, and Maltese (2003) in a study that assessed parental monitoring as a moderator between exposure to community violence and depression and hopelessness in a sample of 4<sup>th</sup> and 5<sup>th</sup> grade children from impoverished inner-city communities found that both victimization and witnessing violence were significantly associated with depressive symptoms and feelings of hopelessness. This study also concluded that parental monitoring moderated the violence/depression and hopelessness relationship. Kliwer, Lepore, Oskin, and Johnson (1998) looked at the relationship between violence exposure and psychological well-being among 8 – 12 year olds residing in communities with moderate to high levels of violence. They found a significant correlation between violence exposure and depression and anxiety that was partially mediated by intrusive thinking.

In Dempsey's (2002) study of inner-city African American adolescents, exposure to community violence was significantly related to depression, anxiety, and posttraumatic stress. All three outcomes were mediated by negative coping. Gorman-Smith and Tolan (1998) examined community violence in a sample of African American and Hispanic boys and concluded that violence exposure was related to increased depression. Singer, Anglin, Song, and Lunghofer (1995) determined that violence exposure was related to depression, as well as anxiety, anger, posttraumatic stress, and dissociation in a sample of high school students from varying racial/ethnic and socioeconomic backgrounds. Both Hagan and Foster (2001) and Lutzman and Swisher (2005) found a positive relationship between exposure to violence and depression using data from the National Longitudinal Study of Adolescent Health. For Lutzman and Swisher, the correlation between community violence and depression decreased as a result of personal violence suggesting that one's own acts of aggression and violence might be viewed as adaptive and/or -laden protective in the context of a violence community. Additionally, street or community violence moderated the relationship between personal violence and depression in this sample.

There are some dissenting findings, particularly when types of exposure are considered. For example, Fitzpatrick's (1993) study of low-income African American youth concluded that chronic victimization was related to symptoms of depression while witnessing was not. Cooley-Quille, Boyd, Frantz, and Walsh (2001) found that although youth with high exposure to community violence reported symptoms of anxiety and other



internalizing problems, no depression was reported. Martinez and Richters (1993) found that being victimized by or witness to violence was related to depression when it involved family members and friends but not when it involved strangers. Farrell and Bruce (1997) found no relationship between community violence and emotional distress, including depression.

#### Deviant peer affiliation

Children's peer relationships are an important component to understanding psychosocial and academic outcomes. The relevance of deviant peer relationships is supported by a large body of research that concludes that such associations are a strong predictor of present and future risky behavior, including violence, substance abuse, and police arrests for adolescents (Dishion, Andrews, & Crosby, 1995; Hanson, Henggler, Haefele, & Rodick, 1984; Herrenkohl et al., 2001; Laird, Pettit, Dodge, & Bates, 1999; Prinstein, Boergers, & Spirito, 2001). A causal relationship has also been found between affiliation with peers involved in risky behaviors and children's own involvement in such behaviors (Keenan, Loeber, Zhang, Stouthamer-Loeber, & Van Kammen, 1995). On the other hand, positive parent-child relations seem to protect adolescents from associating with antisocial peers. Even if these relationships do form, a cohesive family unit appears to protect against the negative influences of these peers (Henggeler, 1989).

When examining the adolescent peer selection literature, there are consistently high correlations between inept parenting and supervision, association with deviant peers, and antisocial behavior (Dishion et al., 1991; Kim, Hetherington, & Reiss, 1999; Rutter,

Giller, & Hagell, 1998). What is unclear is the process by which deviant peer relationship formation relates to antisocial behavior. In other words, do antisocial children simply choose antisocial peers or do circumstances and social forces create environments for such relationships to form? G. R. Patterson's early hypothesis regarding the link between aggressive behavior and peer affiliation is succinctly summarized by Henggeler (1989):

The child's aggression (learned within the family) and lack of social skills lead to rejection from normal peers. Continued interpersonal aggression and inept parenting, combined with relative isolation from normal peers, lead to affiliation with peers who are like-minded, unskilled, and antisocial. Association with deviant peers, in the context of further inept parenting and academic difficulties, provides the opportunity to acquire and refine antisocial behavior and attitudes. Hence, by adolescence, involvement with deviant peers has become a critical aspect of delinquent behavior. (p. 50; see also Snyder, Dishion, & Patterson, 1986)

Simons and his colleagues present a concise review of two opposing hypotheses as to the causal relationship between association with deviant peers, inadequate parenting, and antisocial behavior (Simons, Wu, Conger, & Lorenz, 1994). The *peer influence perspective*, taken from the work of Elliott and his colleagues, posits that association with antisocial peers is the primary cause of delinquency. Insufficient parenting, which serves as a primer for affiliation with antisocial peers, has only an indirect relationship to the development of delinquency (see also Elliott, Ageton, & Canter, 1979; Elliott, Huzinga, Ageton, 1985; Elliott, Huzinga, & Menard, 1989). The *control perspective*, presented by Gottfredson and Hirschi, views poor parenting as having a direct impact on the development of antisocial propensities and that these characteristics lead to affiliation with deviant peers. Finally, Patterson and his colleagues propose two paths to delinquent

behavior, distinguishing between early starters and late starters. The *control perspective* describes the path for early starters, or those whose delinquent activities tend to be more chronic and begin in early adolescence. The *peer influence perspective* describes the path for late starters, or those for whom delinquent activities begin in mid- to late adolescents and tend to be relatively short lived (see Simons et al., 1994). Additionally, Prinstein, Boergers, and Spirito (2001), contend that peer selection is most likely explained by a combination of *selection effects*, in which children and adolescents choose friends who have characteristics and behaviors similar to their own (i.e., social choice; Dishion, Andrews, & Crosby; or homophily; Kandel, 1978) and *socialization effects*, in which peers influence one another's behavior. The dual path model proposed by Patterson (see Simons et al., 1994) is promising in that it appears to most systematically and congruently explain the delinquent peers-deviant behavior relationship.

Deviant peers and depression. Although much investigation has focused on the relationship between deviant peers and externalizing behavior problems, there is a paucity of research that addresses the relationship between deviant peer association and internalizing problems such as depression. Brendgen, Vitaro, and Bukowski (2000) examined the relationship between deviant friends and emotional adjustment in a sample of Canadian early adolescents and found that those with deviant peers reported higher levels of depression than those adolescents with prosocial or nondeviant friends.

Fergusson, Wanner, Vitaro, Horwood, and Swain-Campbell (2003) conducted two studies, one in New Zealand and the other in Quebec, Canada, that examined the

relationship between deviant peer affiliation and depression in adolescents. The findings from both studies suggest an association between depressive symptoms and deviant peers. These significant associations persisted even after controlling for confounding factors. Although very little study has been conducted in this area, what has been done is promising.

### Protective Factors

#### Religious Beliefs and Practices

Interest in the empirical study of religion and health began in the early 1970's with sociologist Rodney Stark but did not begin to gain widespread attention until the late 1990's with the emergence of pivotal book volumes devoted to the topic (Marks, 2006). Although there is no overall consensus within the literature, reviews of health and religion research have concluded that there is generally a positive relationship between religiosity and health outcomes including mental/emotional health and physical health for adults (Hackney & Sanders, 2003; Koenig & Larson, 2001; Koenig, McCullough, & Larson, 2001;) as well as adolescents (Cotton, Zebracki, Rosenthal, Tsevat, & Drotar, 2006; Regnerus, 2003; Wong, Lew, & Slaikeu, 2006). Hackney and Sanders (2003) posit that religion is a multidimensional construct including behavioral/institutional (e.g., attending religious services and activities), ideological (e.g., belief in God, religious salience), and intrinsic (e.g., personal devotion, relationship with God) aspects. Given the multifaceted nature of religiosity, the inconsistent findings in the literature are likely due to differences in how the construct is operationalized as well as the possibility that

“different aspects of religiosity are differentially related to mental health” (Hackney & Sanders p. 43).

Adolescents are an underrepresented population in the study of religion (Nooney, 2005; Smith, Denton, Faris, & Regnerus, 2002) although religion plays a significant role in the lives of most American teens (Regnerus, 2003). According to Smith et al. (2002), 87% of American youth endorsed some form of organized religion (e.g., Protestant, Catholic, Jewish, Muslim) and over 50% regularly participate in religious activities such as religious services and youth groups. Cotton et al. (2006) also found that 85-95% of American teens consider religion to be important. Within the current research on adolescence and religion, African American youth have been largely overlooked although they have been found to consider religion more important (Cotton et al.) and to be more involved in religious activities when compared to other racial/ethnic groups (Smith et al.). Given these findings, it is important to continue to build an understanding of how religion influences the lives of children and adolescents.

Religiosity has been correlated with several developmental outcomes for children and adolescents (Bridges & Moore, 2002; Regnerus and Elder, 2003). It has been positively correlated with successful academic outcomes and educational attainment (Brown & Gary, 1991; Regnerus and Elder, 2003), positive peer relationships and prosocial behavior (Donahue & Benson, 1995; Regnerus and Elder, 2003). Dia (1996) examined the religious practices and educational aspirations of over 13,000 high school 12<sup>th</sup> graders and found that students with greater religiosity were more likely to aspire to

four-year colleges and graduate school than those who were less active in religious activities. Regnerus (2000) also found that participation in religious activities was positively related to educational aspirations as well as achievement in reading and math.

Religiosity has been found to be inversely associated with problem behaviors such as alcohol/drug use (Brown, Parks, Zimmerman, & Phillips, 2001; Donahue & Benson, 1995; Wallace, Brown, Bachman, & Laveist, 2003), early sexual activity (Benson et al., 1989), suicidal ideation and suicide attempts (Donahue & Benson, 1995; Stack, 1992), deviant peer association and antisocial behavior (Brown, et al., 2001; Donahue & Benson, 1995). Johnson, Jang, De Li, and Larson (2000) found that involvement in religious activities, such as church attendance, mediated the relationship between neighborhood disorder and serious crime for African American youth. In a review of the religiosity and delinquency literature, Johnson, De Li, Larson, and McCullough (2000) concluded that the majority of studies that considered religion as a central variable found religion to be inversely related to delinquency.

One plausible explanation for the positive impact of religious beliefs and practices in the lives of children and adolescents is related to what Brown and Gary (1991) refer to as “religious socialization” which they define as “the process by which an individual learns and internalizes attitudes, values, and behaviors within the context of a religious system of beliefs and practices” (p. 412). During this process of religious socialization, individuals are exposed not only to religious doctrine and activities that form and fortify prosocial values and behaviors, they are also exposed to positive adult role models whom

they can observe and emulate and who provide social support (Lincoln & Mamiya, 1990). Additionally, positive relationships with like-minded peers who encourage one another toward prosocial behavior are developed (Regnerus & Elder, 2003). Finally, children who are regularly involved in religious practices tend to possess a desire to please God, who is viewed as the ultimate judge of right and wrong (Banschick, 1997).

Religiosity and depression. There is a growing body of literature that supports the idea that religiosity is beneficial for promoting mental health and psychological well-being. In college and adult samples, some facet of religiosity was found to be inversely related to depression (Garrison, Marks, Lawrence, & Braun, 2004; Lesniak, Rudman, Rector, & Elkin, 2006; Phillips & Henderson, 2006; Storch, Storch, Welsh, & Okun, 2002), anxiety (Bergin, Masters, & Richards, 1987; see also Marks, 2006) and overall psychological distress (Jang & Johnson, 2004; Lesniak, Rudman, Rector, & Elkin, 2006; Ross, 1990). Young, Cashwell, & Shcherbakova (2000) found that spirituality, a construct closely related to religiosity, moderated the relationship between multiple stressful life events and depression.

Of the few studies that have directly examined religiosity and depression in adolescents, most have found an inverse association between depression and at least one dimension of religion (Cotton, Hoopes, & Larkin, 2004; Pearce, Little, & Perez, 2003; Schapman & Inderbitzen-Nolan, 2002). Wright, Frost, and Wisecarver (1993) assessed the effects of church attendance and religious meaningfulness on depression among adolescents and found that those who attended church more frequently and those who

found religion to be more salient in their lives had fewer symptoms of depression. Jordan and Nettles (1999) examined the out-of-school activities of a nationally representative sample of high school 10<sup>th</sup> grade students and determined that those 10<sup>th</sup> graders who participated in religious activities were more hopeful about their future in 12<sup>th</sup> grade. The inverse of hopefulness, hopelessness, is a key feature of depression (Kazdin, Rogers, & Colbus, 1986). These findings suggest the possibility of a protective effect of religiosity on psychological distress in general and depression in particular.

Although the majority of empirical evidence shows modest associations, religiosity has nevertheless been found to have a consistent influence on developmental outcomes for children and adolescents (Bridges & Moore, 2002). The weight of the empirical evidence suggests that religiosity functions as a disincentive to injurious behavior and serves to promote more adaptive choices and positive outcomes (Benson, Masters, & Larson, 1997).

#### Structured After-School Activities

Structured out-of-school activities have been found to be beneficial to the educational and socio-emotional well-being of children and adolescents, particularly those from low-income, urban environments (Posner & Vandell, 1999). These organized activities have shown to be important due to their association with positive youth development including psychological adjustment, academic success, and educational attainment. Eccles, Barber, Stone, and Hunt (2003) offer a delineation of the utility of structured activities, stating:



. . . constructive, organized activities are a good use of the adolescents' time because such activities provide opportunities (a) to acquire and practice specific social, physical, and intellectual skills that may be useful in a wide variety of settings including school; (b) to contribute to the well-being of one's community and to develop a sense of agency as a member of one's community; (c) to belong to a socially recognized and valued group; (d) to establish supportive social networks of peers and adults that can help in both the present and the future; and (e) to experience and deal with challenges. In turn, these assets are predicted to facilitate both current levels of school engagement and achievement and subsequent educational and occupational attainment and to prevent the emergence or risky behavior patterns that can mortgage young people's future. (pp. 866-867)

Mahoney and his colleagues have examined the impact of structured after-school, or extracurricular activities on a number of topics relevant to youth in North America and abroad. In a longitudinal assessment of the relationship between after-school activities and early school dropout rates, Mahoney and Cairns (1997) found that among students at higher risk for dropping out of school early, those involved in extracurricular school activities had lower dropout rates than those who did not participate in such activities. Students were considered at risk for early school dropout based on teacher reports of academic performance, popularity and aggression. In another longitudinal study, Mahoney (2000) concluded that participation in extracurricular school activities was related to a decrease in antisocial behaviors such as early school dropout and criminal arrest among subjects considered at high-risk based upon a multiple-risk profile. This study also concluded that the decrease in antisocial behavior for those within the multiple-risk configuration was largely dependent upon participation in the same activities by other individuals within their social system. These findings by Mahoney and others again underscore the value of structured activities for children and adolescent,

particularly given the estimate that over 50 percent of children and adolescents' waking hours are spent in some form of leisure activity (Eccles et al., 2003; Larson & Verma, 1999).

There are a number of out-of-school activities middle-school children have to choose from, including team sports, community organizations, school-based extracurricular (e.g., clubs), academic, religious-based, civic activities (e.g., volunteering), and performing/visual arts. However, there is a reported disparity in the distribution and quality of programs with fewer programs in poorer communities where children are considered at greatest risk for poor developmental outcomes (Eccles, et al., 2003). Given this inequity, it is interesting to note Posner and Vondell's (1999) finding that with increases in age, the use of school- and community-based programs declined for White children and increased for African American children in higher poverty and crime-laden communities. In other words, although more poor black children are involved in after-school activities than poor white children, they are offered fewer programs and those that are available to them are of poorer quality.

Structured out-of-school activities assist young people as they begin to navigate their place in the world and transition into adulthood. These programs help children and adolescents to develop a sense of personal agency and community-mindedness while also offering opportunities for additional social and emotional support through peer and non-familial adult relationships. Structured out-of-school activities will be operationally defined in this study as activities that meet regularly at a specific time at least once per

week outside of school time, are supervised by an adult leader, and take place among same-aged peers (see Luthar, Shoum, & Brown, 2006; Mahoney, Schweder, and Stattin 2002).

Structured after-school activities and depression. Only a few studies have examined the relationship between structured after-school or extracurricular activities and depression and the results have been mixed. For example, in Mahoney, Schweder, and Stattin's (2002) sample of 14-year-olds from central Sweden, they found that with high support from activity leaders, structured after-school activities moderated the relationship between poor parent-child relationships and depressed mood. However, in a longitudinal design of racially and socioeconomically diverse adolescents, Fredericks and Eccles (2006) found no relationship between extracurricular participation and depression after controlling for self-selection factors. Finally, Luthar, Shoum, and Brown (2006) found a negative correlation between participation in civic activities and internalizing symptoms (i.e., depression and anxiety) in a sample of affluent middle-school students that was significant for girls but not for boys.

### Conclusion

Resilient children are those who progress competently despite exposure to risk factors that challenge their development. Of interest in the current investigation is whether or not religious beliefs and practices and other structured out-of-school activities serve as protective factors for those youth exposed to multiple risks. It is hypothesized that these protective factors will moderate the relationship between exposure to

community violence and depression as well as affiliation with deviant peers and depression.

Thus far, the scientific literature is sparse as it relates to the relationship between depression and deviant peers. The bulk of the deviant peer affiliation literature focuses on its relationship with externalizing behavioral problems. There is also a paucity of empirical study as to the relationship between depression and structured after-school activities. The current study can potentially expand this body of knowledge by filling these gaps. A relatively sizeable literature exists regarding exposure to community violence and religiosity and their relationship to depression with children and adolescents. However, what is unique about the current study is its investigation of religiosity and structured out-of-school time as moderators or buffers from the negative internalizing affects of both deviant peer affiliation and exposure to community violence. This research could likely contribute a great deal to the burgeoning field of childhood and adolescent resilience.

## CHAPTER THREE

### METHOD

This chapter gives a description of the methodology for conducting the current study. It includes a demographic description of the sample, recruitment and data collection procedures, and a description of the measures selected for use in the study. A proposed analytic strategy is also presented at the end of the chapter.

#### Participants

The sixth, seventh, and eighth graders ( $n = 176$ ) from a public elementary school in a large urban midwestern city were recruited to participate in the study. Sixty-one percent of parents ( $n = 108$ ) returned consent forms, while 57% of the students ( $n = 100$ ) returned child assent forms. There were a total of 99 (56%) parent consent forms paired with student assent forms and those students participated in the survey administration. Two students were eliminated during the administration of the survey due to disruptive behavior and one survey was deemed spoiled due to missing data. The resulting sample included 96 students (approximately 55%;  $M$  age = 13.09 years,  $SD = 1.09$ ). Demographic characteristics including race/ethnicity, age, gender, grade-level, and socioeconomic level are presented in Table 1.

Power analyses utilizing effect sizes found in previous studies of exposure to violence, affiliation with deviant peers and depression suggest that for the hierarchical

linear regression analyses to find a significant effect a minimum of eighty participants is necessary. However, the effect sizes for the relation of religious beliefs and practices and structured after-school activities are considerably smaller. In order to be able to detect a significant effect, a sample size of 330 adolescents is necessary. Unfortunately, a sample of 330 adolescents was beyond the scope of this study.

Age	<i>M</i> = 13.09	<i>SD</i> = 1.09
Gender		
Girl		60.4%
Boy		38.5%
Grade Level		
6 <sup>th</sup> grade		30.2%
7 <sup>th</sup> grade		39.6%
8 <sup>th</sup> grade		30.2%
Free or reduced-price lunch		
Yes		95.8%
No		4.2%
NOTE: n=96		

### Procedure

Students were introduced to the study and asked to participate. They were informed that they may choose not to participate or discontinue their participation at any time without consequence. Each student was given a parental consent form hand-delivered to their primary caregiver (see Appendix B). Those students that returned parent consent forms were then asked to sign child assent forms agreeing to participate in the study (see

Appendix A). The school principal also provided documentation of consent to conduct the research study in the school.

Upon receipt of parental consent and student assent forms, the students were given a bound self-report questionnaire (see Appendix C). The survey administration took place in the centrally located auditorium during the regular school day. As the auditorium could not comfortably accommodate all students simultaneously while providing space for confidentiality, the survey was administered in two waves with each taking approximately one half hour to complete. All survey items were read aloud to minimize misunderstanding due to literacy and to decrease missing data. The students were debriefed after completing the survey and given a referral information sheet with the contact information of both school- and community-based mental health personnel (See Appendix D). They were encouraged to contact someone from the referral list if they found any of the questions upsetting or desired to talk more about how the survey affected them. At the conclusion of the survey administration, students received a pizza lunch to thank them for their participation.

## Measures

### *Demographics*

Demographic data, including gender, age, race, and socioeconomic status was collected via a demographic survey compiled by the author. Socioeconomic status was measured using students' reports of receipt of lunch subsidies. Approximately 96% of sample received either full or partial federally subsidized lunch plans. Chicago Public

Schools demographic showing that 98% of the student body at the study school is low-income (Chicago Public Schools, on-line) supports the lunch subsidies data.

*Exposure to Community Violence*

The 12-item Children's Exposure to Community Violence scale (CECV) measures the frequency of a child's exposure to home and neighborhood violence. This self-report instrument was adapted from Richters & Martinez' Things I Have Seen and Heard: An Interview for Young Children About Exposure to Violence (1990; cited in Dahlberg, Toal, Swahn, & Behrens, 2005), which was normed on a sample of over 400 African American public school students from low socioeconomic communities in a large city in the Southeastern United States. The normative sample ranged in age from 6 through 14 years old.

Items include "I have heard guns being shot", "I have seen gangs in my neighborhood", and "My house has been broken into". The CECV is scored on a 4-point scale with 0 = *Never*, 1 = *Once or twice*, 2 = *A few times*, and 3 = *Many times*. Scores range from 0 to 36 with higher scores indicating greater community violence exposure. Dahlberg and colleagues report good internal consistency for the CECV (Cronbach's  $\alpha = .84$ ). No additional psychometric data was found for this instrument. For the current sample, internal consistency was consistent with Dahlberg's findings (Cronbach's  $\alpha = .84$ ). This measure was not significantly skewed with a mean of 19.19 (SD = 6.90).



### *Affiliation with Deviant Friends*

The degree to which friends are involved in antisocial activities was measured using the 8-item Friends' Delinquent Behavior - Denver Youth Survey (FDB-DYS; Institute of Behavioral Science, 1987; cited in Dahlberg, et al., 2005). The Denver Youth Survey is based on a random sample of 1527 youth from disadvantaged, high-crime neighborhoods in Denver, Colorado. At the outset of the longitudinal study, the sample ranged in age from 7 to 13 years old (Office of Juvenile Justice and Delinquency Prevention, <http://ojjdp.ncjrs.org/ccd/denver.html>). According to Dahlberg and colleagues, the measure was also tested on African American boys aged 12-16 with very good internal consistency (Cronbach's  $\alpha = .89$ ). No other psychometric data was found for this instrument.

One item from the Friends' Delinquent Behavior - Adolescent Attitude Scale (Center for Urban Affairs and Policy Research, 1995; cited in Dahlberg, et al., 2005) was added to measure friends' involvement in gang activity. Responses range from 4 = *All of the time* to 0 = *None of the time*. Total scores on the FDB range from 0 to 36 with higher scores indicating greater delinquent behavior. Internal consistency for this sample was consistent with Dahlberg (Cronbach's  $\alpha = .88$ ) and the measure was not significantly skewed with a mean of 14.09 (SD = 8.17).

### *Religious Beliefs and Practices*

The Religious Beliefs and Practices (RBP) measure is a 4-item scale that measures different aspects of religion. Jordan & Nettles (1999) 4-item Religious

Activities Scale ( $\alpha = .78$ ) assesses one's level of participation in religious activities. The item-response sets vary by question. For example, one item has a 6-point scale and asks, 'How often do you spend time attending religious activities?' and another item, 'Do you think of yourself as a religious person?' has a 3-point response scale.

The Religious Activities Scale (Jordan & Nettles, 1999) is based on data from the National Educational Longitudinal Study of 1988. The authors analyzed data from the second and third wave of the study (1990 and 1992) when students were in grades 10 and 12 resulting in a sample size between 10,000 and 14,000. No other psychometric data was found for this instrument. One item was eliminated from Jordan and Nettles scale because it duplicated an item from another measure used in this study. A 4-point item that assesses personal religious salience (i.e., How important is religion in your life?) was added to complete the RBP.

Cronbach's alpha for the Religious Beliefs and Practices measure was adequate for this sample ( $\alpha = .70$ ). As suggested by Jordan and Nettles (1999), because each item is on a different scale the four items were standardized first, then averaged together to create the mean. This measure had a slightly negatively skewed distribution (skewness =  $-.52$ , SE =  $.25$ ) with a mean of  $-.01$  (SD =  $.73$ ). Although a number of transformations were attempted, no transformation reduced the level of skewness.

#### *Structured After-school Activities (SAA)*

The 4-item Structured After-school Activities (SAA) Scale (Jordan & Nettles, 1999) measures how often children spend time in a range of structured activities outside

of school. For example item 1 asks, “How often do you spend time attending youth groups or recreational programs?” Responses range from 1 = *rarely or never* to 4 = *every day or almost everyday*. As with the Religious Activities Scale, the authors analyzed data from the second and third wave of data (1990 and 1992) from the National Educational Longitudinal Study of 1988 when students were in grades 10 and 12. Jordan and Nettles report a reliability alpha of .49. No other psychometric data was found for this instrument.

The SAA measure was coded so that a student that that reported rarely or never engaging in an activity received a score of zero, less than once a week received a score of one, once or twice a week received a score of three and everyday or almost everyday received a score of five. The five variables were summed to create a total activity score. This weighted coding was created in order to have a child who participates in one activity very often outweigh a child that participates in two activities infrequently. Cronbach’s alpha for the SAA was also poor with the current sample ( $\alpha = .45$ ). This is to be expected because the set of items is not meant to “hang together” as most measures typically are designed to do. Instead, this measure was designed to determine what activities students participate in and how often they participate in each. Participation in one activity is not expected to be associated with participation in any of the other activities. This measure had a slightly positively skewed distribution (skewness = .58, SE = .25) with a mean of 7.20 (SD = 5.05). A square root transformation reduced the skewness for the distribution (skewness = -.22, SE = .25).

### *Depression*

The Children's Depression Inventory-Short Form (CDI-S; Kovacs, 1992) was used to assess self-reported symptoms of depression. The scale consists of 10 items that assess levels of depression within the past two weeks in 7 – 17 year-olds. Each of the items is scored on a 0 to 2 scale, where 0 = symptom absence, 1 = mild symptoms, and 2 = definite presence of symptoms. The sum of the CDI-S yields an aggregate score of depressive symptoms from 0 to 20. A cut-off score of  $>7$  is recommended to determine significant levels of depressive symptoms (Moses, 2008). A sample item is: "I am sad once in a while" (0); "I am sad many times" (1); "I am sad all the time" (2). In the extant literature the CDI has good reliability with coefficient alphas ranging from .71 to .94 and test-retest coefficient ranging from .61 to .84 for various samples (see Kovacs, 1983; Saylor, Finch, Spirito, & Bennett, 1984) sample of grade school children yielded and internal consistency of .94 and split-half reliability ranging from .61 to .73. The CDI also has considerable support for its construct, content and concurrent validity (Craighead, Smucker, Craighead, & Ilardi, 1998; Hodges & Siegel, 1985; Knight, Hensley, & Waters, 1988; Kovacs, 1992).

Cronbach's alpha for this sample was adequate ( $\alpha = .71$ ). This measure has a positively skewed distribution (skewness = 1.09, SE = .25) with a mean of 2.68 (SD = 2.56). Given the normal distribution assumptions of regression analysis, this measure was transformed with a logarithmic transformation. This transformation has been used frequently in previous research using this measure (Boland, Grey, Oesterle, Fredrickson,

& Tamborlane, 1999). The skewness value of the transformed variable was less than the original variable (skewness = .027, SE = .25). (See Table 2 for the means, standard deviations, skewness, and alpha levels Depression, Exposure to Community Violence, Affiliation with Deviant Peers, religious Beliefs and Practices, and structured After-school Activities.

TABLE 2. Means, Standard Deviations, Skewness and Cronbach's Alpha for Dependent and Independent Variables

	Mean	Standard Deviation	Skewness	Standard Error	Cronbach's Alpha
Depression	2.68	2.56	1.09	.25	.71
Exposure to Community Violence	19.19	6.90	-.15	.25	.84
Affiliation with Deviant Peers	14.09	8.17	.21	.25	.88
Religious Beliefs and Practices Standardized Mean	-.01	.73	-.52	.25	.70
Structured After School Activities	7.20	5.05	.58	.25	.45

NOTE: n=96

### Analytic Plan

In order to test the four hypotheses, four different hierarchical linear regression analyses will be conducted. First however, the data will be examined to determine whether it meets all the assumptions of regression.

One of the most important assumptions of linear regression is homoscedasticity (Cohen, Cohen, West & Aiken, 2003). For any value of the independent variable X, the

variability of the residuals around the predicted value for all values of the X must be constant. When the variance of the residuals changes as a function of the value of X, this is called heteroscedasticity. When heteroscedasticity is present, the regression coefficients will not be affected, however, the standard errors will be incorrect. A graph of the residuals on the y-axis and the predicted value of Y on the x-axis should take the shape of a rectangle, where there are residuals that are positive and negative for every value of X evenly distributed for every value of the variable. However, when there is heteroscedasticity, the graph will take the shape of a megaphone or an ellipse, indicating that the variance of the residuals differs for different levels of the independent variable. Thus for each regression equation, a graph to test for homoscedasticity will be examined.

Prior to the regression analyses to test the set of hypotheses, a series of independent sample t-tests will be conducted to determine if there are significant differences in terms of gender for any of the variables. Specifically, depression, exposure to community violence, affiliation with deviant peers, religious beliefs and practices, and structured after-school activities will be examined. If there are significant differences for depression, gender will need to be included as a covariate in the first step of the regression analyses. A series of correlation analyses will examine the relation of age to the set of variables as well. If age is significantly associated with depression, age will be included as a covariate in the analyses.

In order to test the first hypothesis, religious beliefs and practices (RBP) will moderate the relationship between exposure to community violence (ECV) and

depression, a hierarchical linear regression will be conducted. The first step of the analysis will include gender and age as covariates. The second step will include the variable ECV. The third step will include the variable RBP. The fourth and final step will include the interaction term RBP x ECV. Each step will be assessed for its contribution to the variance explained in depression by examining the change in R-squared. If the full equation is significant, the final equation slopes (B) and standard errors (SE) will be examined to determine the level of significance for the three variables entered into the equation.

In order to test the second hypothesis, structured after-school activities (SAA) will moderate the relationship between ECV and depression, a hierarchical linear regression will be conducted. The first step of the analysis will include gender and age as covariates. The second step of the analysis will include the variable ECV. The second step will include the variable SAA. The third and final step will include the interaction term SAA x ECV. Each step will be assessed for its contribution to the variance explained in depression by examining the change in R-squared. If the full equation is significant, the final equation slopes (B) and standard errors (SE) will be examined to determine the level of significance for the three variables entered into the equation.

In order to test the third hypothesis, religious beliefs and practices (RBP) will moderate the relationship between deviant peer affiliation (DPA) and depression, a hierarchical linear regression will be conducted. The first step of the analysis will include gender and age as covariates. The second step of the analysis will include the variable

DPA. The second step will include the variable RBP. The third and final step will include the interaction term RBP x DPA. Each step will be assessed for its contribution to the variance explained in depression by examining the change in R-squared. If the full equation is significant, the final equation slopes (B) and standard errors (SE) will be examined to determine the level of significance for the three variables entered into the equation.

In order to test the fourth hypothesis, Structured After-school Activities (SAA) will moderate the relationship between DPA and depression, a hierarchical linear regression will be conducted. The first step of the analysis will include gender and age as covariates. The second step of the analysis will include the variable DPA. The second step will include the variable SAA. The third and final step will include the interaction term SAA x DPA. Each step will be assessed for its contribution to the variance explained in depression by examining the change in R-squared. If the full equation is significant, the final equation slopes (B) and standard errors (SE) will be examined to determine the level of significance for the three variables entered into the equation.

If the interaction term is significant for any of the above-described regression analyses, the interaction will be graphed for ease of interpretation. The simple slope of the relation between depression and either ECV or DPA will be graphed at three values of the moderator variable RBP or SAA: 1) at the level of the mean, 2) one standard deviation above the mean, and 3) one standard deviation below the mean. Examination of



this graph will allow the interpretation of how the moderator impacts the relation between depression and either exposure to community violence or affiliation with deviant peers.

## CHAPTER FOUR

### RESULTS

This chapter provides a description of the analyses performed and the findings for this study. It begins with an examination of the descriptive statistics and relations among the study variables. The chapter is concluded with a report of the results of the hierarchical linear regression analyses for the four hypotheses put forth in Chapter 1.

Gender differences were examined in terms of all the independent and dependent variables. Boys reported significantly higher affiliation with deviant friends than girls did,  $t(93) = 2.20, p = 0.030$  ( $M_B = 16.46, SD = 8.23; M_G = 12.77, SD = 7.80$ ). Boys also reported significantly more structured activities than girls did,  $t(93) = 2.72, p = 0.008$  ( $M_B = 8.97, SD = 4.21; M_G = 6.19, SD = 5.23$ ). Boys did report more community violence exposure than girls did, however, this difference was only marginally significant,  $t(93) = 1.82, p = .072$  ( $M_B = 20.86, SD = 6.82; M_G = 18.26, SD = 6.79$ ). There was no significant difference between boys and girls for the other variables of interest. (See Table 3.)

TABLE 3. Means and Standard Deviations by Gender

	Boys		Girls		t
	Mean	SD	Mean	SD	
Exposure to Community Violence	20.86	6.82	18.26	6.79	1.82*
Affiliation with Deviant Peers	16.46	8.23	12.78	7.80	2.20*
Religious Beliefs and Practices	-0.10	0.89	0.06	0.62	-1.02
Structured After School Activities	8.97	4.21	6.19	5.23	2.72**
Depression	2.59	2.59	2.74	2.59	-0.27

Note: † $p < .10$ , \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Correlation analyses were examined to determine whether age was associated with any of the dependent or independent variables. Age was significantly negatively correlated with religious beliefs and practices (RBP) ( $r = -.23, p = .025$ ) and positively correlated with both exposure to community violence (ECV) ( $r = .27, p = .009$ ) and affiliation with deviant peers ( $r = .45, p < .001$ ). Older children were less involved with religious beliefs and practices and more exposed to community violence and had more affiliation with deviant friends. Since both gender and age had some significant relations with the independent variables, they were included in the regression analyses.

The correlations among the dependent variable and independent variables were examined. Depression was marginally negatively correlated with RBP ( $r = -.19, p = .067$ ), such that students that reported higher levels of RBP reported lower levels of depression. Depression was not significantly correlated with the other independent variables. Some of the independent variables were significantly correlated with each other. RBP was positively correlated with structured activities ( $r = .24, p = .019$ ), such

that students that reported higher levels of RBP reported higher levels of structured activities. Had a correction for attenuation been attempted, the correlation coefficient for RBP and SAA would have doubled ( $r = .53$ ) indicating a much greater relationship than has been shown here. Exposure to community violence was positively correlated to affiliation with deviant friends, ( $r = .57, p < .001$ ), such that students that reported higher levels of exposure to community violence reported higher levels of affiliation with deviant friends. Structured activities was positively correlated to both exposure to community violence ( $r = .29, p = .005$ ) and to affiliation with deviant friends ( $r = .26, p = .011$ ), such that students that reported higher levels of structured activities also reported higher levels of exposure to community violence and affiliation with deviant friends. Had a correction for attenuation for SAA been conducted, the correlation coefficients would have increased substantially for these variables as well ( $r = .64, r = .58$  respectively).

TABLE 4. Correlation Table

	Exposure to Community Violence	Affiliation with Deviant Peers	Religious Beliefs and Practices	Structured After School Activities	Depression
Exposure to Community Violence					
Affiliation with Deviant Peers	0.57***				
Religious Beliefs and Practices	-0.04	-0.04			
Structured After School Activities	0.29**	0.26*	0.24*		
Depression	0.15	0.07	-0.19 <sup>+</sup>	0.04	
Age	.27**	.45***	-.23*	.06	-.08

Note: <sup>+</sup>p < .10, \*p < .05, \*\*p < .01, \*\*\*p < .001

The assumption of homoscedasticity, which states that for any value of the independent variable X, the variability of the residuals around the predicted value for all values of the X must be constant, was met for all regression equations. Graphs of the residuals on the y-axis and the predicted value of Y on the x-axis for each equation were in the relative shape of a rectangle, where there are residuals that are positive and negative for every value of X evenly distributed for every value of the variable. With a small sample it is unlikely to have a perfectly rectangular shape.

In order to test the first hypothesis, religious beliefs and practices (RBP) will moderate the relationship between exposure to community violence (ECV) and depression, a hierarchical linear regression was conducted. The first step of the analysis included gender and age as covariates. The second step included the variable exposure to community violence. The third step included the variable RBP. The fourth and final step included the interaction term RBP x ECV. The overall model was marginally significant,  $R^2 = .10$ ,  $F(5, 89) = 2.01$ ,  $p = .085$ . The first step including the demographic variables was not significant. The second step including exposure to violence accounted for a marginally significant increase in variance,  $\Delta R^2 = .03$ ,  $F(1, 91) = 3.26$ ,  $p = .074$ . The third step including religious beliefs and practices accounted for a significant increase in variance,  $\Delta R^2 = .05$ ,  $F(1, 90) = 4.68$ ,  $p = .033$ . However, the fourth step including the interaction terms was not significant. In the final equation, the only significant predictor of depression was religious beliefs and practices. Students that reported higher levels of

religious beliefs and practices reported lower depression ( $B = -.09$ ,  $SE = .04$ ) (see Table 5 for all coefficients).

TABLE 5. Hypothesis 1 Regression

	$R^2$	B	SE	Beta	t
Step 1	.01				
Gender		.06	.06	.10	.94
Age		-.05	.03	-.17	-1.57
Step 2	.03				
Exposure to Community Violence		.01	.01	.17	1.51
Step 3	.05				
Religious Beliefs and Practices		-.09	.04	-.22	-2.08*
Step 4	.01				
RBP x ECV		-.01	.01	-.12	-1.12

Note: <sup>†</sup> $p < .10$ , \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

In order to test the second hypothesis, structured after-school activities (SAA) will moderate the relationship between exposure to community violence and depression; a hierarchical linear regression was conducted. The first step of the analysis included gender and age as covariates. The second step of the analysis included the variable exposure to community violence. The third step included the variable SAA. The fourth and final step included the interaction term SAA x exposure to community violence. This regression equation was not significant,  $R^2 = .05$ ,  $F(5, 89) = 0.87$ ,  $p = .506$  (see Table 6 for all coefficients).

TABLE 6. Hypothesis 2 Regression

	R <sup>2</sup>	B	SE	Beta	t
Step 1	.01				
Gender		0.05	0.07	0.08	0.77
Age		-0.03	0.03	-0.12	-1.09
Step 2	.03				
Exposure to Community Violence		0.01	0.01	0.19	1.71
Step 3	.00				
Structured After School Activities		0.01	0.04	0.02	0.21
Step 4	.01				
SAA x ECV		0.00	0.00	-0.07	-0.65

Note: †p < .10, \*p < .05, \*\*p < .01, \*\*\*p < .001

In order to test the third hypothesis, religious beliefs and practices (RBP) will moderate the relationship between deviant peer affiliation and depression; a hierarchical linear regression was conducted. The first step of the analysis included gender and age as covariates. The second step of the analysis included the variable deviant peer affiliation. The third step included the variable RBP. The fourth and final step included the interaction term RBP x deviant peer affiliation. This regression equation was not significant,  $R^2 = .08$ ,  $F(5, 89) = 1.48$ ,  $p = .204$  (see Table 7 for all coefficients).

TABLE 7. Hypothesis 3 Regression

	R <sup>2</sup>	B	SE	Beta	t
Step 1	.01				
Gender		0.06	0.07	0.09	0.89
Age		-0.05	0.03	-0.18	-1.56
Step 2	.02				
Affiliation with Deviant Peers		0.01	0.00	0.17	1.43
Step 3	.05				
Religious Beliefs and Practices		-0.09	0.04	-0.22	-2.08
Step 4	.00				
RBP x ECV		0.00	0.01	-0.06	-0.59

Note: †p < .10, \*p < .05, \*\*p < .01, \*\*\*p < .001

In order to test the fourth hypothesis, Structured After-school Activities (SAA) will moderate the relationship between deviant peer affiliation and depression; a hierarchical linear regression was conducted. The first step of the analysis included gender and age as covariates. The second step of the analysis included the variable deviant peer affiliation. The third step included the variable SAA. The fourth and final step included the interaction term SAA x deviant peer affiliation. This regression equation was not significant,  $R^2 = .03$ ,  $F(5, 89) = 0.45$ ,  $p = .814$  (see Table 8 for all coefficients).



TABLE 8. Hypothesis 4 Regression

	R <sup>2</sup>	B	SE	Beta	t
Step 1	.01				
Gender		0.05	0.07	0.08	0.75
Age		-0.04	0.03	-0.12	-1.05
Step 2	.02				
Affiliation with Deviant Peers		0.01	0.00	0.14	1.10
Step 3	.00				
Structured After School Activities		0.01	0.04	0.04	0.35
Step 4	.00				
SAA x ECV		0.00	0.00	-0.01	-0.07

Note: †p < .10, \*p < .05, \*\*p < .01, \*\*\*p < .001

To assess the moderating effects of religious beliefs and practices and structured after-school activities, four models were tested using hierarchical regression analyses. If RBP or SAA moderated the relationship between the selected risk factors, exposure to community violence and affiliation with deviant peers and depression, we would have found that participants who were more involved in RBP or SAA exhibited fewer symptoms of depression than those who were involved less often. Although the first hypothesis, religious beliefs and practices (RBP) will moderate the relationship between exposure to community violence (ECV) and depression, approached statistical significance, the models overall, did not indicate a moderating effect of RBP or SAA.

To summarize, the dependent variable, depression, was marginally negatively correlated with RBP and was not correlated with the other independent variables.

Additionally, none of the four hypotheses were supported at the conventional significance level ( $p < .05$ ). However, the first hypothesis, religious beliefs and practices will moderate the relationship between exposure to community violence and depression was modestly supported because exposure to community violence accounted for a marginally significant increase in variance for predicting depression ( $p = .074$ ) and religious beliefs and practices accounted for a significant increase in variance for depression (.033). The remaining three models did not approach significance.

## CHAPTER FIVE

### DISCUSSION

This chapter extends an examination of the findings presented in the previous chapter, including plausible explanations for the results, acknowledgement of the studies limitations, suggestions for future research, and clinical implications.

Only 36% of the current sample reported being regularly active in religious activities (at least one a week), while 38% reported attending activities only several times a year or not at all. Compared to other research that looked at youth religious participation (Cotton, et al., 2006), this sample shows less involvement than other adolescents. Approximately 66% of the sample felt that religion was a very important aspect of their lives while 28% felt that religion was somewhat important to them, which is consistent with previous findings. There were no gender differences for religiosity but older children tended to value religion less and to participate in religious activities less frequently than their younger peers, which is also consistent with previous research (Regnerus, 2003; Smith et al., 2002). One reason for this trend could be that adolescence is an appropriate developmental time for identity exploration, which includes questioning one's sexual, racial/cultural, and religious identity. It is possible that adolescents begin to disengage from organized religion during this time of identity formation, particularly when allowed to make more autonomous decisions regarding their free time. Future

research should explore the relationship between identity development and religiosity during adolescence.

A large majority of the current sample has witnessed some form of community violence. Ninety-seven percent has witnessed someone being arrested, has seen gang activity, and has heard gunshots in their neighborhood. Additionally, 82% has seen drug deals, while over half has personally witnessed someone get stabbed (60%) or shot (55%) and one third of the sample (34 %) has seen a gun in their home at least once or twice. The occurrence of witnessing community violence was even higher for the current sample than in previous research on African American adolescents living in urban environments (Buka, S. L., Stichick, T. L., Birdthistle, I., & Earls, F. J., 2001; Farrell and Bruce, 1997; and Jenkins & Bell, 1994). This alarming finding is perhaps because the community in which the school is located is noted as one of the highest crime areas in the city (National Association of Realtors, <http://neighborhoods.realtor.com/IL/Chicago/Crime-stats>). Although there was a high incidence of community violence exposure, the mean score on the Children's Exposure to Community Violence scale was relatively low (19.19). The lower mean and high frequency rates suggest that although a large portion of the sample experienced some exposure, many of them may not have encountered repeated or multiple exposures. One reason for this discrepancy could be that the measure uses a continuous scale with responses ranging from 'never' to 'many times', which implies a spectrum of severity based on the frequency of community violence exposure. Perhaps, this measure would

better serve as a dichotomous scale given that witnessing and/or experiencing even one act of violence can have a significant and long lasting negative effect on a child.

There were no gender differences with this sample on exposure to community violence although the existing literature has consistently found that boys have higher prevalence of exposure than girls (Buka, et al., 2001; Selner-O'hagan, Kindlon, Buka, & Raudenbush, 1998; Singer, Anglin, Song, & Lunghoger, 1995). One possible reason for this discrepancy is that the effects of community violence may differ based on the setting. For instance, unlike with Singer and his colleagues who examined violence exposure in a small suburban city with overall lower rates of violence exposure, this study looked at chronic exposure in a large urban city. Also, Selner-O'hagan and her colleagues looked at a more diverse community sample with half of the participants residing in low crime areas, whereas this sample was from one community with high incidence of crime.

An association with age was detected such that older adolescents experienced more exposure to community violence than did younger adolescents, which is consistent with previous research (Cooley-Quille, Turner, & Beidel, 1995, Richter & Martinez, 1993; Selner-O'hagan, 1998). As with other studies (Cooley-Quille, Boyd, Frantz, and Walsh, 2001; Cooley-Quille, Turner, & Beidel, 1995; Farrell and Bruce, 1997), there was no relationship between depression and violence exposure found for this sample. It is likely that given the chronicity of their exposure, these children have developed coping mechanisms that protect them from the internalizing effects of violence. Another explanation could be that children who are exposed to chronic violence respond by

manifesting more behavior problems as opposed to internalized difficulties such as depression.

With respect to deviant peer associations, one quarter of the sample (26%) reported having at least some friends who sold drugs, while over one third of the sample had at least some friends who were involved in vandalism (37.5%), used alcohol (36.4%), had gotten drunk (41.7%) or carried a lethal weapon (37.6%). Almost half of the sample endorsed having at least some friends who were involved in gang activity (45%) or had been hurt in a fight (45.9%), while a large majority had at least some friends who had hit or threaten to hit someone else (68.8%) or had gotten into a physical fight (77.1%) during the past year. It is unclear from the extant literature how these percentages compare to other study samples or to the general population. Boys and older adolescents had more deviant peer relationships than did girls and younger teens, which is in line with previous research.

A noteworthy finding here is the high correlation between community violence exposure and deviant peer affiliation ( $r = 0.57$ ). Other research has also identified a strong relationship between these two variables (Felson, 1997; Halliday-Boykins & Graham, 2001; Lauritsen, Laub, & Sampson, 1992). It is plausible that some participants in the current study experienced greater exposure to community violence as a result of their associations with friends involved in delinquent activities. Lambert, Ialongo, Boyd, & Cooley (2005), support this assertion and suggest that deviant peer affiliation may be a risk factor for exposure to community violence.

Approximately one third of the sample was involved in weekly structured after-school activities (34.4%), which was comparatively lower than other study samples. Students participated most often in sports activities (49%), followed by religious activities (44.8%), recreational programs (36.5%) and academic, performing, and creative arts classes (32.3%). Only about 10 percent of the sample that was involved in SAA participated in community service activities. The current sample had slightly higher rates of participation in religious activities (according to the results from the SAA measure) and recreational program activities and lower participation in classes, including performing and creative arts and prosocial activities, such as volunteering than previous research. Boys participated in more activities than girls, which is contrary to the majority of the literature reviewed for this study. These findings are in line, however, with research that used a similar sample of low-income urban children. It is possible that girls in this sample spent more time in unstructured activities such as hanging out with friends. Another plausible explanation is that given boys activity scores were higher than girls due to their propensity to participate in sports activities, which was the most popular activity for this sample.

Nine percent (9.4 %) of this sample (n = 9) scored at or above the recommended cut-off of 7 on the depression inventory which is considerably higher than the 2 % of school-aged children and 3.5% of adolescents reportedly diagnosed with clinical depression in the general population (Sarfolean, 2000). No age or gender differences in depression were detected, which is an uncommon finding. On the contrary, the

depression literature is profuse with evidence to show that females have higher rates of depression than males. There is some evidence, however, to suggest that significant gender differences in depressive symptoms may not materialize until mid adolescence (Angold & Rutter, 1992; Hankin et al., 1998). Since the current sample consisted of mostly early adolescents ( $M$  age = 13), it is likely that the expected gender differences have not yet emerged.

Hierarchical linear regressions were used to test the four hypotheses. Marginal significance was found for the first hypothesis; religious beliefs and practices (RBP) will moderate the relationship between exposure to community violence (ECV) and depression. This modest relationship is consistent with previous research findings (Bridges & Moore, 2002). As stated earlier, due to the multifaceted nature of religion, it seems to be a difficult construct to quantify. Also, the number of participants needed to detect a significant effect was well beyond the purview of this research. It is encouraging that despite the inadequate sample size, the model was modestly supported.

The results of this study did not provide sufficient evidence for the remaining hypotheses. At least for this sample, Religious Beliefs and Practices (RBP) did not moderate the relationship between association with deviant peers and depression. Also, there was no correlation between deviant peer association and depression. There is very little research that has investigated this relationship. In the few studies that did find evidence of a relationship, all of the subjects were Caucasian, French-speaking adolescents living in varied parts of Canada, so their finding may not generalize to other



populations. It is possible that having friendships, even delinquent friends, provides a protection for some adolescents from the emotional problems, such as depression, poor self-concept, and social isolation, that friendless youth tend to experience. Also, there is a great deal of research to support that children and adolescents who have deviant peers, also engage in antisocial behavior themselves. If antisocial behavior is accepted as normative in the adolescent's personal culture, it is unlikely that regret or sadness regarding such behaviors, which are possible precursors to depression, would develop.

The current research also did not support the hypotheses related to Structured After-School Activities (SAA). SAA was not found to moderate the relationship between exposure to community violence and depression or to moderate the relationship between association with deviant peers and depression. The inventory used to measure SAA had poor internal consistency with the current sample ( $\alpha = .45$ ) indicating that the items were not intercorrelated. As with RBP, the current sample size was too small to detect an effect based on the a priori power analysis.

It is also possible that SAA simply does not protect against depression for those who are chronically exposed to community violence or those with deviant peer associations. Again, the relationship between deviant peers and depression doesn't appear to have much empirical or clinical support. Although for community violence exposure and depression, there is a growing body of literature that consistently identifies a significant relationship. One explanation for the discrepant findings here could again be that when chronically exposed to violence, children develop resistance to its effects as a

means of adapting and coping. Additionally, a positive relationship was found between SAA and both deviant peer association and community violence exposure, which supports the possibility that these out-of-school activities are not protective, at least for these variables and for this sample.

#### Study Limitations and Future Research

It is important to note the limitations of this study that should be addressed in future research. There was not enough power to detect an effect due to the small sample size. Future research should duplicate the research design with the required number of participants (N=330) to determine whether or not there is evidence to support the hypotheses.

The measure used to quantify structured after-school activities was not psychometrically sound based on internal consistency estimates. Given that the items that make up this measure are not necessarily meant to correlate with one another, perhaps a better reliability estimate would be one that measures the stability of the scale over time, such as test-retest reliability estimate. Future research should revise the after-school activities measure used here by adding more activity items to the scale and/or develop a measure that is more psychometrically sound. Also, this study focused only on structured activities that were not related to the school, which limited the scope of the research design. It is suggested that school-based extra-curricular activities be included as they are assuredly important as well. It might also be useful to extend the research that examines the quality of out-of-school activities as opposed to just the quantity. Finally, it would be

interesting to take a more in-depth look at out-of-school activities. For example, an investigation into whether particular activities foster more positive developmental outcomes than others could add significantly to our current body of knowledge.

Given that development issues in the lives of adolescents are of primary significance, another limitation in this study was the use of a cross-sectional design, which limits the ability to take developmental influences into account. Additionally, because participation was only requested of sixth through eighth grade students, of which approximately 80 percent were between the ages of 12 to 14, it was more difficult to detect age differences in the sample. Future research should consider a longitudinal design and/or replicating the current design using a broader age range.

No relationship was found between depression and exposure to community violence or association with deviant peers. This may indicate that depression was not the best outcome variable to examine for this sample. Other, perhaps more positive outcome variables which support the strengths-based perspective or resilience theory (i.e., happiness, hopefulness and future orientation, or academic achievement) could be explored in future research. Other outcomes to consider include post-traumatic stress and delinquent behavior. Also, the relationship found here between community violence exposure (ECV) and deviant peer affiliation (DPA) warrants further study as well as the relationship between these variables and structured after-school activities (SAA) (i.e., the relationship between ECV and SAA and between DPA and SAA). One interesting focus

would be to investigate what variables might moderate these relationships, for example family cohesion or religiosity.

Finally, this sample was fairly homogeneous in that it concentrated on African American youth from one urban, low-income community with high incidence of crime and community violence. Although community violence tends to be more concentrated in poorer urban communities, it would be beneficial to test aspects of the model with other racial/ethnic and socioeconomic groups.

### Clinical Implications

Although the hypotheses presented were not strongly supported, there are some important implications for African American adolescents, particularly from low-income urban environments that can be gleaned from the results. The results suggest that those with more religiosity have lower levels of depression. Clinicians should reconsider their socialized skepticism regarding religion and treatment as it may be beneficial to explore religious ideology and/or activities as a protective or coping mechanism for adolescents with symptoms of depression, particularly those aspects of religiosity, such as social support and moral development that have proven advantageous for youth.

In addition, the current results suggest that community violence exposure is not correlated with depression. Although it may be intuitive to conclude that living in low-income, high crime environments triggers depressive symptoms, clinicians should take care to consider other possible causes of depressive symptoms, particularly for clients with similar demographic characteristics.

Finally, because structured after-school activities was positively related to both deviant friendships and community violence exposure, practitioners working with children and adolescents in after-school programs should consider fortifying programs to address the possible contagion effects of deviant peer participation. It is not recommended that delinquent youth be separated from the general population and lumped together as that has not proved to be an effective intervention strategy for those youth. However, some form of prevention initiatives should be put in place to preclude the spread of antisocial behavior to other youth as well as to provide more of a buffer for those youth living in communities with high levels of violence.

**APPENDIX A: CHILD ASSENT TO PARTICIPATE IN RESEARCH**

## **CHILD ASSENT TO PARTICIPATE IN RESEARCH**

My name is Gloria Montgomery. I am trying to learn about what kinds of things you and your friends do and see outside of school and how that relates to how you feel about yourself. If you would like, you can be in my study.

If you decide you want to be in my study, you will be asked to fill out a survey that will take about 30 minutes to complete.

All of your answers will be kept secret and confidential. Other people, including parents, school personnel, or police will not be able to find out what any one student has told me. I will put things I learn about you together with things I learn about other students so no one can tell what things came from you. When I tell other people about my research, I will not use your name, so no one can tell whom I am talking about.

Even if you decide to be in the study, your parent or guardian still has to say it's OK for you to participate. If you don't want to be in the study, no one will be upset with you. If you want to be in the study now and change your mind later, that's OK. You can stop at any time. If you decide today that you would like to take part in the study, I will give you a parent consent form to take home. But even if your parents say "yes" you can still decide not to do this. If most of your class (90%) returns their parent consent forms to your teacher, you will get a pizza party just to say thank you.

My telephone number is (702) 301-9556. You can call me if you have questions about the study or if you decide you don't want to be in the study any more.

I will give you a copy of this form in case you want to ask questions later.

### Agreement

I have decided to be in the study even though I know that I don't have to do it. Gloria Montgomery has answered all my questions.

\_\_\_\_\_  
Signature of Study Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Date

**APPENDIX B: PARENTAL CONSENT TO PARTICIPATE IN RESEARCH**



## **PARENTAL CONSENT TO PARTICIPATE IN RESEARCH**

Dear Curtis Elementary School Parents/Guardians,

You are being asked to give permission for your child to take part in a research project being conducted by Gloria P. Montgomery for a doctoral dissertation under the supervision of Elizabeth M. Vera, Ph.D. in the Department of Counseling Psychology at Loyola University of Chicago. Your child is being asked to participate because s/he is in either sixth, seventh, or eighth grade at A. O. Sexton Elementary School. Your child has already agreed to participate, however s/he will need your consent as well. Please read this form carefully and ask any questions you may have before deciding whether to allow your child to participate in the project.

The purpose of this study is to understand what activities might protect African American children living in urban environments from experiencing symptoms of depression. Some of the children will meet the criteria for depression and some will not. This will help us to understand what the differences are in activity participation between the two groups.

If you agree to allow your child to be in the study, s/he will be asked to complete a survey that asks questions about their friends, neighborhood, out-of-school activities, and feelings. The survey will take approximately 30 minutes and will be administered during class time. Upon completion of the survey, those classes that returned 90% or more of the parental consent forms will receive a pizza party to thank them for their cooperation.

There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life. The survey questions related to depression will only inquire about the child's feelings and will not attempt to change or manipulate those feelings in any way. There are no direct benefits to your child from participation. However, this research will benefit our community by identifying out-of-school activities that promote good mental health for African American children, which is directly related to academic achievement and prosocial behavior. Additionally, as we begin to understand more about what helps children develop optimally, we can develop relevant programs and services that will facilitate the positive development of urban youth.

All of the information gathered will be kept confidential. Your child will not be asked to provide any information that will identify him or her personally. No names will appear on any questionnaires. The information provided by your child will be combined with all other participants so that no one person can be identified or singled out.

Participation in this study is voluntary. If you do not want your child to be in this study, s/he does not have to participate. Even if you decide to allow your child to participate, s/he is free to withdraw from participation at any time without penalty.

Please feel free to contact me, Gloria P. Montgomery at (702) 301-9556 or my faculty sponsor, Dr. Elizabeth M. Vera at (312) 915-6958 should you have questions about this research project. If you have questions about your child's rights as a research participant, you may contact the Compliance Manager in Loyola's Office of Research Services at (773) 508-2689.

**Statement of Consent:**

Your signature below indicates that you have read and understood the information provided above, have had an opportunity to ask questions, and agree to allow your child to participate in this research project. You will be given a copy of this form to keep for your records.

---

**Parent's/Guardian's Signature**

---

**Date**

---

**Researcher's Signature**

---

**Date**

## APPENDIX C: SELF-REPORT SURVEY

How old are you?

- 1) 10 years old
- 2) 11 years old
- 3) 12 years old
- 4) 13 years old
- 5) 14 years old
- 6) 15 years old

What is your gender?

- 1) Boy
- 2) Girl

What grade are you in?

- 1) 6<sup>th</sup> grade
- 2) 7<sup>th</sup> grade
- 3) 8<sup>th</sup> grade

What is your room number? \_\_\_\_\_

What is your race/ethnicity?

- 1) African American/Black
- 2) Asian/Pacific Islander
- 3) Caucasian/White
- 4) Latino/Hispanic
- 5) Native American or Alaskan Native
- 6) Other \_\_\_\_\_

In what grade are you?

- 1) 6<sup>th</sup> grade
- 2) 7<sup>th</sup> grade
- 3) 8<sup>th</sup> grade

What kind of grades have you received so far this year?

- 1) Mostly A's and B's
- 2) Mostly C's
- 3) Mostly D's and F's

Do you or anyone in your household get free or reduced-price lunch at school?

- 1) Yes
- 2) No

**The questions below ask how you feel. For each item, please underline the sentence that comes closest to your own thoughts and feelings.**

1. I am sad once in a while.  
I am sad many times.  
I am sad all the time.
2. Nothing will ever work out for me.  
I am not sure if things will work out for me.  
Things will work out for me O.K.
3. I do most things O.K.  
I do many things O.K.  
I do everything wrong.
4. I hate myself.  
I do not like myself.  
I like myself.
5. I feel like crying every day.  
I feel like crying many days.  
I feel like crying once in a while.
6. Things bother me all the time.  
Things bother me many times.  
Things bother me once in awhile.
7. I look O.K.  
There are some bad things about my looks.  
I look ugly.
8. I do not feel alone.  
I feel alone many times.  
I feel alone all the time.

9. I have plenty of friends.  
I have some friends, but I wish I had more.  
I do not have any friends.
10. Nobody really loves me.  
I am not sure if anybody loves me.  
I am sure that somebody loves me.

**The questions below ask about the things you may do outside of school. Please answer by writing the number of the response that is true for you on the line next to each question. For example, if you attend recreational programs every Monday, place the number 3 next to that question.**

In the past year, how often have you spent time on the following activities outside of school?

- 1 = Rarely or never  
2 = Less than once a week  
3 = Once or twice a week  
4 = Everyday or almost everyday

- \_\_\_\_\_ Attending youth or recreational programs (Boys/Girls Club, park district, YMCA)
- \_\_\_\_\_ Volunteering or performing community service
- \_\_\_\_\_ Taking classes (Music, dance, art, language, etc.)
- \_\_\_\_\_ Participating in sports (basketball, karate, tennis, softball, etc.)
- \_\_\_\_\_ Attending religious activities (religious services, choir rehearsal, bible study, etc.)

**Please circle the answer that is most true for you.**

In the past year about how often have you attended religious services?

- 1) Not at all  
2) Several times a year or less  
3) About once a month  
4) Two or three times a month

- 5) About once a week
- 6) More than once a week

Do you think of yourself as a religious person?

- 1) No, not at all religious
- 2) Yes, somewhat religious
- 3) Yes, very religious

How important is religion in your life?

- 1) Not at all important
- 2) Somewhat important
- 3) Very important

Among friends you hang out with, how important is it to participate in religious activities?

- 1) Not at all important
- 2) Somewhat important
- 3) Very important

**The following questions ask about things that your friends may be doing. Please circle or place an "x" on the line next to the answer that is most true for your close friends. Remember to be truthful in your answers.**

During the last year **how many of your friends** have ...

1. purposely damaged or destroyed property that did not belong to them?

All of them    Most of them    Some of the    Very few of them    None of them

2. hit or threatened to hit someone?

All of them    Most of them    Some of the    Very few of them    None of them

3. used alcohol?

All of them  Most of them  Some of the  Very few of them  None of them

4. sold drugs?

All of them  Most of them  Some of the  Very few of them  None of them

5. gotten drunk once in a while?

All of them  Most of them  Some of the  Very few of them  None of them

6. carried a knife or a gun?

All of them  Most of them  Some of the  Very few of them  None of them

7. got into a physical fight?

All of them  Most of them  Some of the  Very few of them  None of them

8. been hurt in a fight?

All of them  Most of them  Some of the  Very few of them  None of them

9. been involved in gang activity?

All of them  Most of them  Some of the  Very few of them  None of them

**The following questions ask about things you have seen and heard in your community. Please circle or place an “x” next to the answer that is most true for you.**

1. I have heard guns being shot.

Never  Once or Twice  A Few Times  Many Times

2. I have seen somebody arrested.

Never  Once or Twice  A Few Times  Many Times



3. I have seen drug deals.

Never     Once or Twice     A Few Times     Many Times

4. I have seen somebody being beaten up.

Never     Once or Twice     A Few Times     Many Times

5. My house has been broken into.

Never     Once or Twice     A Few Times     Many Times

6. I have seen somebody get stabbed.

Never     Once or Twice     A Few Times     Many Times

7. I have seen somebody get shot.

Never     Once or Twice     A Few Times     Many Times

8. I have seen a gun in my home.

Never     Once or Twice     A Few Times     Many Times

9. I have seen alcohol such as beer, wine, or hard liquor in my home.

Never     Once or Twice     A Few Times     Many Times

10. I have seen gangs in my neighborhood.

Never     Once or Twice     A Few Times     Many Times

11. I have seen somebody pull a gun on another person.

Never     Once or Twice     A Few Times     Many Times

12. I have seen somebody in my home get shot or stabbed.

Never     Once or Twice     A Few Times     Many Times

APPENDIX D: DEBRIEFING STATEMENT

Resilience and African American Early Adolescents: The Protective  
Function of Religion and Structured After-School Activities  
**Debriefing Statement**

Thank you for participating in this research on how out-of-school activities may protect urban children and adolescents from developing depression. During the research you were asked questions about how you feel, the types of activities you participate in outside of school, some negative things your friends might be involved in, and what your neighborhood/community is like.

If you have any questions now about the research, please ask. If you have additional questions later, you may contact me at (702) 301-9556 or my faculty advisor at Loyola University Chicago, Dr. Elizabeth Vera, at (312) 915-6958.

If any of the questions in the survey have upset you for any reason or you would like to talk to someone about depression or other topics brought up by this research, the following free services are available to you through your school:

School Counselor – Ms. Moore – Room 320

School Social Worker – Ms. Storey

School Psychologist – Dr. Hill

External services that you can also obtain free of charge through your school are:

Ms. Bell, LCPC or Ms. Wilson, LCPC  
Management Planning Institute Inc.  
11070 S. Western Avenue  
Chicago, IL 60643  
(773) 239-7506

Ms. Ware, LCPC  
Community Mental Health Council  
8704 S. Constance Avenue  
Chicago, IL 60617  
(773) 734-4033

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