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Ronald L. Simons
Iowa State University, rsimons@iastate.edu

Velma Murry
University of Georgia

Vonnie McLoyd
University of Michigan

Kuei-Hsiu Lin
Iowa State University

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Authors

Ronald L. Simons, Velma Murry, Vonnie McLoyd, Kuei-Hsiu Lin, Carolyn Cutrona, and Rand D. Conger

Discrimination, crime, ethnic identity, and parenting as correlates of depressive symptoms among African American children: A multilevel analysis

RONALD L. SIMONS,^a VELMA MURRY,^b VONNIE McLOYD,^c
KUEI-HSIU LIN,^a CAROLYN CUTRONA,^a AND RAND D. CONGER^a

^a*Iowa State University*; ^b*University of Georgia*; and ^c*University of Michigan*

Abstract

This study investigated the correlates of childhood depressive symptoms in an African American sample. We included processes that are likely to operate for all children, regardless of race or ethnicity, as well as events and circumstances that are largely unique to children of color. These various constructs were assessed at both the individual and community level. The analyses consisted of hierarchical linear modeling with a sample of 810 African American families living in Iowa and Georgia. Three individual-level variables were associated with childhood depressive symptoms: uninvolved parenting, racial discrimination, and criminal victimization. At the community level, prevalence of both discrimination and criminal victimization were positively related and community ethnic identification was negatively related to depressive symptoms. Further, there was evidence that community ethnic identification and neighborhood poverty serve to moderate the relationship between criminal victimization and depressive symptoms. Overall, the findings underscore the importance of considering factors unique to the everyday lives of the cultural group that is the focus of study, while demonstrating the dangers of a “one model fits all” approach to studying children of color.

Prior to the 1970s, many mental health researchers and practitioners considered depression in children to be a theoretical impossibility. Research since that time has provided clear evidence that depression exists among children and that its symptoms are largely the

same as those exhibited by depressed adults (Newman & Garfinkel, 1992). Although childhood depression should be considered a significant problem in its own right, it is important to note that depressive symptoms during childhood and adolescence are frequently precursors of continuing and even more serious difficulties during adulthood (Cicchetti & Toth, 1995; Compas & Hammen, 1994; Fleming & Offord, 1990; Petersen, Compas, Brooks–Gunn, Stemmler, Ey, & Grant, 1993). Especially important, depressed mood during childhood or adolescence appears to be a significant subclinical marker for risk of adult depressive disorder (Gotlib, Lewinsohn, & Seeley, 1995). Thus, in addition to enhancing our knowledge of the etiology of childhood depression, investigation of the personal characteristics and life conditions that cause depressed mood early in life should improve our

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Address correspondence and reprint requests to: Ronald L. Simons, Ph.D., Director, Center for Family Research in Rural Mental Health, Iowa State University, 2625 N. Loop Drive, Suite 2500, Ames, IA 50010-8296; E-mail: rsimons@iastate.edu.

understanding of the processes that lead to clinical depression during adulthood.

In recent years, scores of studies have focused on the causes of childhood depression. This research has established that negative events and circumstances increase, whereas support from parents and other adults decreases, a child's risk for depression (Cicchetti & Toth, 1995; Compas & Hammen, 1994; Merikangas & Angst, 1995; Petersen et al., 1993; Resnick, Bearman, Blum, Bauman, Harris, Jones, Beuhring, Sieving, Shew, Ireland, Bearinger, & Udry, 1997). Most of these studies, however, have focused on White samples, and those that included minority children rarely reported results separately by ethnic group. Hence, we know very little about the causes and correlates of depression among children of color.

The present study investigates the correlates of childhood depressive symptoms in an African American sample. In recent years, several researchers have warned against the dangers of a "one model fits all" approach to studying children of color (Garcia-Coll, Crnic, Lamberty, Wasik, Jenkins, Garcia, & McAdoo, 1996; Hughes, Seidman, & Williams, 1993; McLoyd, 1990; Spencer, 1990). They stress the importance of considering factors unique to the everyday lives of the cultural group that is the focus of study. This includes racial and ethnic values that may influence competencies, as well as events that pose threats to adjustment such as racism, discrimination, and prejudice. These theorists also emphasize the importance of including community contextual factors as a disproportionate number of minority families live in high-risk areas characterized by extreme poverty, racism, and crime (Garcia-Coll, Crnic, Lamberty, Wasik, Jenkins, Garcia, & McAdoo, 1996; Wilson, 1996). This call for inclusion of community characteristics coincides with an emerging recognition among researchers that a comprehensive explanation of development requires an ecological perspective that incorporates the variety of social contexts that influence an individual's life chances (Bronfenbrenner & Crouter, 1983; Cicchetti & Lynch, 1993).

Theoretical perspectives on both child and adult depression link depressed mood and

behavior to perceptions of low self-worth, helplessness, inefficacy, and hopelessness (Abramson, Seligman, & Teasdale, 1978; Bandura, 1986; Beck, 1970; Brewin, 1985). This suggests that the probability that a child will become depressed is a function of the extent to which his or her environment contains protective events that promote a sense of worth, efficacy, and hope versus adverse circumstances that foster feelings of worthlessness, helplessness, and hopelessness. In the present study, we investigate the association between depressive symptoms and various factors that might be expected to influence an African American child's perceptions of self and the environment. We include processes that are likely to operate for all children, regardless of race or ethnicity, as well as circumstances that are largely unique to children of color. Further, we assess the impact of these various constructs at both the individual and community level.

We investigate the impact of these factors using a sample of African American children ranging from 10 to 12 years of age. From a traditional Piagetian perspective (Piaget, 1960), this is the age where formal operational skills involving abstract thought emerge. Such abstract thinking provides the child with the tools necessary for more sophisticated representations of self (Harter, 1997; Higgins, 1991). In addition to being able to see their own perspective and that of their partner, children at this age develop the ability to assume the perspective of neutral third parties (Selman, 1980). These role-taking abilities enhance the child's self-consciousness and increase concern with self-esteem and self-efficacy. Empirical work by Harter (1990) suggests that the concept of global self-worth (i.e., how much one likes oneself as a person) emerges during this developmental period. Given these developmental changes, it seems likely that children's vulnerability to depression becomes greater at this age.

Further, this developmental period is also a time when children begin to increase the amount of time that they spend away from home (Baumrind, 1991; Silbereisen, Noack, & Eyferth, 1986). They have more freedom to visit friends, attend school events, and participate in recreational activities without being

Table 1. Community-level and individual-level risk and protective factors

Life Perspective	Construct	Individual Level	Community Level
Hopeful/efficacious	Social support	Parental involvement	Community cohesion
	Ethnic identification	Personal ethnic identification	Community ethnic identification
Hopeless/helpless	Discrimination	Victim of discrimination	Incidence of discrimination
	Threat of crime	Victim of crime	Incidence of crime
	Economic hardship	Low family income	Prevalence of poverty

chaperoned by their parents. They are apt to develop an increased awareness of community conditions as a result of this expansion in the scope of their everyday activities. Thus during late childhood, there is an increased probability that a child's psychological adjustment will be influenced by factors operating within his or her community. Given these considerations, the children in our sample were of an age that provided an appropriate test of the extent to which community, as well as individual-level factors, are associated with depressive symptoms in childhood.

Hypotheses to be Tested

Table 1 identifies the risk and protective factors examined in the present study. The table identifies two factors—social support and ethnic identification—that might be expected to increase the chances that a child will develop a worthwhile, efficacious view of self and a hopeful, optimistic view of life. These two constructs are posited to be protective factors that operate to decrease the chances that a child will become depressed. In addition to these protective factors, the table identifies three factors—racial discrimination, threat of crime, and economic hardship—that might be expected to foster perceptions of worthlessness, inefficacy, and hopelessness. We expect that these factors increase a child's risk for depressive symptoms. As shown in the table, each of these five constructs is assessed at both the individual and community level. Our rationale for expecting that these constructs are important correlates of depressive symptoms among African American children is as follows.

Although past research has shown peers to be an important source of emotional and social support among adolescents and adults

(Kessler, House, Anspach, & Williams, 1995), this is less true for children. Evidence suggests that parents serve as the most proximate and fundamental source of support for children (Belsky, 1999; Maccoby, 1992). Past research has shown that warm, supportive parents increase a child's sense of worth, self-efficacy, and optimism (Bandura, 1986; Maccoby, 1992; Maccoby & Martin, 1983). These relationships have been shown to hold for children of various ethnic and racial backgrounds (McLoyd, Cauce, Takeuchi, & Wilson, 2000). Hence, we expect that parental warmth and involvement will be negatively related to depressive symptoms for the children in our African American sample.

In addition to the support provided by parents, there is reason to believe that a child's psychological well-being might be influenced by the level of social support extant within the broader community. In his classic study of suicide, Durkheim (1897/1951) argued that social ties to others provide people with a sense of meaning and purpose, whereas social isolation fosters meaninglessness and despair. He therefore considered low social cohesion or social integration to be an important determinant of hopelessness and suicide. Aneshensel and Sucoff (1996) contend that Durkheim's view of social integration represents a community-level equivalent of the social psychological concept of social support. Consistent with Durkheim's arguments, they found an inverse relation between community cohesion and adolescent depression. This association remained significant after controlling for family socioeconomic status; however, other individual-level factors known to be related to child depression, such as quality of parenting, were not controlled.

Although social support is viewed as a general protective factor that has salubrious

consequences for children regardless of their race or ethnicity, the protective effects of racial or ethnic identification would only be expected for minority children. Preparing children to be productive citizens requires that Black parents teach their child to live in a society where they and their children are frequently devalued (Hughes & Chen, 1997; McLoyd, 1990; Murry, in press). It is generally assumed that African American children will suffer fewer adjustment problems to the extent that parental messages emphasize racial pride (Hughes & Chen, 1997). A strong African American identity is seen as providing a sense of self that counters the negative images conveyed by the broader society (Murry, in press; Spencer, 1995). However, although several studies have examined the link between parental socialization practices and children's racial identity, there has been little investigation of the association between children's racial identity and developmental outcomes (Hill, 1999; Hughes & Chen, 1999; McLoyd et al., 2000). In the present study, we test the hypothesis that Black children are less likely to show depressive symptoms when they identify with and take pride in their status as an African American.

In addition to the psychological benefits of a positive racial identity, it seems likely that a child might also benefit from living in a community where racial identification and pride is widely prevalent. Such communities emphasize cultural heritage, values, and traditions. The adult residents display self-assurance and purpose. Such an environment increases the chances that children will develop a sense of meaning, belonging, and optimism. Hence, it seems likely that residing in a community high on racial identification and pride will reduce a child's risk for depressive symptoms.

The first risk factor listed in Table 1 is racial discrimination. Numerous studies of adults have found an association between exposure to ethnic discrimination and depression. This relationship has been reported for African Americans (Jackson, Williams, & Torres, 1997; Sanders-Thompson, 1996; Williams, Yu, Jackson, & Anderson, 1997), Hispanics (Amaro, Russo, & Johnson, 1987; Salgado de Snyder, 1987), and Asians (Noh,

Beiser, Hou, & Kasper, 1998; Pernice & Brook, 1996); albeit, confidence in these findings is weakened because racial discrimination was usually measured with a single item (Kessler, Michelson & Williams, 1999). Although most studies have focused on adults, a survey of over 5,000 immigrant adolescents (Rumbaut, 1994) also found a positive relationship between reports of discrimination and depressive symptoms. To date, however, no studies have examined the extent to which racial discrimination is associated with depressive symptoms in children. The present study tests for this relationship using a concretely worded multi-item scale to measure racial discrimination.

There are several reasons for expecting that racism and discrimination are potent predictors of childhood depression. Childhood is a critical period for the development of perceptions regarding the self, social relationships, and social reality (Bandura, 1986; MacCoby, 1980; Rutter, 1988; Sroufe & Fleeson, 1988). Slurs, false accusations, or exclusion from activities based on race are likely to undermine a child's sense of worth and control while fostering mistrust of others, especially the majority population. Further, past research on the developmental progression of moral judgements indicates that by the age of 10 or 11 children are concerned with issues of merit, equity, advantages, and disadvantages (Turiel, 1997). Racism is apt to be a particularly troubling injustice because such acts are blatantly gratuitous and create an inequity that usually is not subject to redress. Therefore, it seems likely that racism and discrimination would cause children to feel helpless, demoralized, and discouraged. Hence, we expect to find a significant association between having been the victim of racial discrimination and depressive symptoms among African American children.

Although several studies of adults have found that racial discrimination increases an individual's risk for depression, past research has not investigated the possibility that, regardless of how frequently a person has personally experienced discrimination, residing in a highly discriminatory community increases his or her risk for depression. The in-

cidence of racial discrimination varies widely between communities. Children are likely to be deeply disturbed by witnessing incidents of discrimination against members of their ethnic or racial group. Such events are apt to foster perceptions of injustice, helplessness, and despair. Thus, we expect that in addition to the effects of any personal experiences of discrimination, children are at increased risk for depressive symptoms when they reside in a community where racism and discrimination are common.

Table 1 identifies threat of crime as another risk factor for depression. Scores of studies have shown that victims of crime tend to report feelings of hopelessness, anxiety, and depression (Zedner, 1997). This emotional distress often lasts for weeks or months. Although most of this research has focused on adult victims, there is evidence that criminal victimization produces a similar response in children (Gorman-Smith & Tolan, 1998; Martinez & Richters, 1993; Pynoos, Frederick, Nader, Arroyo, Steinberg, Eth, Nuez, & Fairbanks, 1987; Terr, 1983). Criminal victimization is likely to be a more significant cause of depression among African American than European American children given the much higher rate of victimization among African American youth (Cook & Laub, 1998; Sampson & Wilson, 1995). We investigate the importance of criminal victimization for the children in our sample by examining the extent to which either having been the victim of a crime or having a family member who was the victim of a crime increases a child's risk for depressive symptoms.

It may be the case that children are more likely to manifest depressive symptoms when they live in a high crime neighborhood, regardless of whether they or their family has been a crime victim. Many communities are characterized by widespread social disorder. Fights, robbery, public drinking, gang violence, and other disruptive events are common in these neighborhoods. Bell and Jenkins (1993) and Richters (1993) have argued that such an environment causes children to feel anxious and depressed. Similarly, Wilson (1987, 1991) has suggested that children living in this type of milieu develop a sense of

helplessness, hopelessness, and despair. Consistent with these ideas, a few studies have reported that children exposed to community violence often report high levels of psychological distress (Aneshensel & Sucoff, 1996; Fitzpatrick & Boldizar, 1993; Martinez & Richters, 1993). Most of these studies, however, did not control for factors that past research has shown to be strongly correlated with child depression, such as parental rejection. Such controls are critical, because Richters and Martinez (1993) found that the relationship between exposure to community violence and childhood distress became non-significant once the effects of family-related stressful events were taken into account. The present study examines the extent to which there is an association between residing in a high crime neighborhood and child depressive symptoms once the effect of personal or family criminal victimization, as well as other control variables, have been taken into account.

The last risk factor listed in Table 1 is economic hardship. A variety of studies have reported that children from poor families are more likely to show symptoms of depression than those with more affluent parents (Brody, Stoneman, For, McCrary, Hastings, & Conyers, 1994; Conger, Ge, Elder, Lorenz, & Simons, 1994; McLeod & Shanahan, 1993; McLoyd, Jayaratne, Ceballo, & Borquez, 1994). This relationship has been shown to hold for White children as well as children of color. We assume that poverty is related to depression because it fosters feelings of low self-esteem, despair, and hopelessness.

In addition to family income, the economic well-being of the community may also influence a child's risk for depression. Wilson (1991, 1996) has argued that living in a highly disadvantaged area fosters feelings of helplessness, hopelessness, and despair. Consistent with this contention, studies have reported a relationship between prevalence of neighborhood poverty and childhood internalizing problems (see Burton & Jerrett, 2000; Leventhal & Brooks-Gunn, 2000). This association has been reported for both White and African American children. Many of these studies, however, have failed to control individual-

level variables, such as family income and parental rejection. The present study investigates the extent to which this association holds when such controls are taken into account.

Past research indicates that community effects are most evident when extremely disadvantaged neighborhoods are compared to more advantaged communities (Leventhal & Brooks-Gunn, 2000). Detection of community effects therefore requires a sample that includes a wide range of community types. Most research on African American families has concentrated on poor families living in economically disadvantaged areas. In contrast, the present study is based on a sample of African American families living in communities that ranged from extreme disadvantage to relative affluence. This variability provides a stronger test for community effects than the homogeneous samples used in most prior studies of African American children.

Methods

Sample

This study is based on data from the Family and Community Health Study (FACHS), a multisite investigation of neighborhood and family effects on health and development. Data were collected in Georgia and Iowa using identical research procedures. The participants were 867 African American children (400 boys and 467 girls; 462 in Iowa and 405 in Georgia), who were 10 to 12 years old ($M = 10.5$ years) when first contacted, and their primary caregivers. African American children of this age were chosen for study because systematic investigation of developmental processes among this population are rare.

The participants were recruited in 1997 from neighborhoods with varying demographic characteristics, because a central goal of the study was to examine neighborhood effects on child and family functioning. In selecting neighborhoods from which to draw the sample, we examined characteristics of the block group areas (BGAs), which are clusters of blocks within a tract defined by the Census Bureau. Each census tract typically includes

four or five BGAs. In constructing BGAs, the Census Bureau uses naturally occurring neighborhood boundaries, such as major thoroughfares or rivers, whenever possible. During the 1990 census, BGAs averaged 452 housing units with 1,100 residents. Using the data from 1990, we identified BGAs in Iowa and Georgia in which African American families made up 20% or more of the population.

Recruitment strategies in Georgia and Iowa differed somewhat. This difference was dictated by the reluctance of many school districts in Georgia to cooperate with the project. In Georgia, BGAs that met the criteria were identified in small towns and a suburban area adjacent to Atlanta. Community liaisons in each BGA compiled rosters of African American children who met the sampling criteria. In Iowa, all of the block group areas that met the study criteria were located in two communities: Waterloo (population 65,000) and Des Moines (population 193,000). Families with African American children within the targeted age range were identified through the public schools. In both Georgia and Iowa, families were selected randomly from rosters and contacted to determine their interest in participation. Those who declined were removed from the rosters and other families were randomly selected until the required number of families from each BGA had been recruited. The primary caregiver had to indicate that both the biological mother and father of the target child were African American prior to the family being included in the study.

Procedures

Before data collection began, four focus groups in Georgia and four in Iowa examined and critiqued the self-report instruments. Each group was composed of 10 African American women who lived in neighborhoods similar to those from which the study participants were recruited. Group members suggested modification of items that they perceived to be culturally insensitive, intrusive, or unclear. After the focus groups' revisions were incorporated into the instruments, the protocol was pilot tested on 16 families, 8 from each site. Re-

searchers took extensive notes on the pilot test participants' reactions to the questionnaires and offered suggestions for further changes.

To enhance rapport and cultural understanding, African American university students and community members served as field researchers to collect data from the families in their homes. Prior to data collection, the researchers received 1 month of training in the administration of the self-report instruments. Two home visits, each of which lasted 2 hr, were made to each family. The second visit occurred within 7 days of the first visit. During the first visit, informed consent was obtained; primary caregivers consented to their own and their children's participation, and the children agreed to participate.

At each home visit self-report questionnaires were administered to the caregiver and the child in an interview format. Each interview was conducted privately between one participant and one researcher, with no other family members present. At no time during the presentation of the questionnaires did a researcher assume that a participant could read. This literacy concern was one of the reasons for presenting the measures in an interview format. The instruments were presented on laptop computers. Questions appeared in sequence on the screen, which both the researcher and participant could see. The researcher read each question aloud and entered the participant's response using the computer keypad.

Creation of Neighborhood Clusters for Multilevel Analyses

Most of the BGAs from which the sample was drawn included fewer than five participating families, making the use of hierarchical linear modeling (HLM) on separate BGAs difficult. To solve this problem, we combined BGAs with similar socioeconomic characteristics into larger community groups based on results generated from cluster analysis. Five census variables were used to perform the cluster analysis: average per capita income, proportion of female-headed households, proportion of persons on public assistance, pro-

portion of households below the poverty level, and proportion of persons unemployed. Previous studies have used some combination of these variables to assess community socioeconomic status (Sampson, Raudenbush, & Earls, 1997; Sucoff & Upchurch, 1998), and factor analysis indicated that these variables loaded on a single factor for the BGAs in our sample. The cluster analysis was performed using Ward's minimum variance method, which is available within the SAS Cluster program. This method tends to join clusters with a small number of observations and is strongly biased toward producing clusters with roughly the same number of observations (SAS/STAT User's Guide, 1990).

Analyses were performed separately for various geographic areas within Iowa and Georgia in order to identify clusters of geographically proximal BGAs that were similar in socioeconomic status. The analyses generated 46 clusters, 23 in Iowa and 23 in Georgia. Although the number of families in a cluster ranged from 7 to 56, most clusters (31) included 15 to 30 families. The BGAs in a cluster were not always geographically contiguous, but they were internally homogeneous on the demographic indicators and shared similar geographic locations within a town or city.

Measures: Individual-level variables

Child depressive symptoms. The Diagnostic Interview Schedule for Children, Version 4 (DISC-IV), was used to measure child depressive symptoms. DISC-IV includes Diagnostic Statistical Manual-IV (American Psychiatric Association, 1994) as well as International Classification of Disease-9 criteria for diagnoses. DISC was developed over a 15-year period of research on thousands of children and parents and has demonstrated reliability and validity (Shaffer, Fisher, Piacentini, Connors, Schwab-Stone, Cohen, Davies, & Reigier, 1993). Version IV became available in 1995 and represents a modest revision of DISC-III based on findings from the MECA study (Shaffer et al., 1993). The major depression

section contains 22 questions regarding how often during the preceding year the respondent had felt sad, irritable, tired, restless, or worthless; either slept more than usual or had trouble sleeping; had difficulty focusing and making decisions; or thought about death or suicide. The instrument can be used to generate both symptom counts and diagnoses. Symptom counts were used for the analyses in the present study. Diagnoses were not used for two reasons: (a) fewer than 2% of the children in our sample met criteria for clinical depression and (b) hierarchical linear modeling requires a continuous dependent variable. Coefficient alpha for the 22-item symptom count scale was .86.

Uninvolved parenting. Past research has established that effective parents show warmth and support, set standards for their children, monitor their behavior, engage in consistent discipline, and use inductive reasoning to explain rules (Maccoby & Martin, 1983). Caregivers completed 25 questions regarding their parenting practices. The items were from the parenting instrument developed for the Iowa Youth and Families Project (IYFP; Conger, Conger, Elder, Lorenz, Simons, & Whitbeck, 1992). This measure has been shown to have high validity and reliability. For example, analyses from IYFP have shown that parent and child reports correlate with each other and with observer ratings (Conger et al., 1992; Simons, Johnson, Beaman, Conger, & Whitbeck, 1996), and they predict various dimensions of child behavior across a period of several years (Simons, Chao, Conger, & Elder, 2001; Simons, Johnson, Conger, & Elder, 1998).

Focus group feedback prior to data collection indicated that these items are meaningful to African American parents and capture what they consider to be the important dimensions of effective parenting. Coefficient alpha for the measure was .75 in the present study. As evidence of validity with the current sample, the instrument has been found to correlate with both positive (e.g., school performance) and negative (conduct problems) child outcomes and with child reports of parental behavior. We use parent rather than child reports of parenting in the present study in order to

reduce shared methods variance between our parenting measure and our assessment of depressive symptoms. The items included in the parenting scale were as follows.

Five questions focus on monitoring (e.g., "How often do you know who your child is with when he/she is away from home?"), three involve avoidance of harsh discipline (e.g., "When punishing your 9th grader, how often do you hit him/her with a belt, paddle, or something else?"), four concern consistency of discipline (e.g., "How often do you punish your child for something at one time and then at other times not punish him/her for the same thing?"), five focus on inductive reasoning (e.g., "How often do you discipline your child by reasoning, explaining, or talking to him/her?"), four ask about problem solving (e.g., "When you and your child have a problem, how often can the two of you figure out how to deal with it?"), and two involved positive reinforcement (e.g., "When your child does something you like or approve of, how often do you let him/her know you are pleased about it?"). The response format for all of these items ranged from 1 (never) to 5 (always). Items were recoded so that high scores on all items indicated ineffective or uninvolved parenting.

Victim of discrimination. The target children completed 13 items from the Schedule of Racist Events (Landrine & Klonoff, 1996). This instrument has strong psychometric properties and has been used extensively in studies of African Americans. The items assess the frequency (1 = *never*, 4 = *several times*) with which various discriminatory events have been experienced. For example, the scale asks: how often has someone yelled a racial slur or racial insult at you just because you are African American? how often have the police hassled you just because you are African American? and, how often has someone threatened you physically just because you are African American? Other items focused on disrespectful treatment by sales clerks, false accusations by authority figures, and exclusion from social activities because of being African American. Coefficient alpha for the scale was .82.

Ethnic identification. The 13-item Multigroup Ethnic Identity Measure (Phinney, 1992) was used to assess ethnic identification. The items focus upon the extent to which respondents identify with and take pride in their racial or ethnic group. The items consist of statements such as: you are happy you are a member of the ethnic group you belong to; you have a lot of pride in your ethnic group and its accomplishments; you participate in cultural practices of your own group, such as special food, music, or customs; you have a strong attachment toward your ethnic group; and, you feel good about your cultural or ethnic background. The response format for the items ranges from 1 (strongly disagree) to 5 (strongly agree). The scale has been shown to have strong psychometric properties with African American children and adults (Phinney, 1992; Phinney & Kohatsu, 1997). Although most studies with this scale have focused on adolescents, our pretest data indicated that 10-year-olds have no difficulty understanding the items and response format. Coefficient alpha in the present study was .77.

Victim of crime. Target children were asked to report how often either they or a member of their household had been the victim of a mugging, a fight, or a sexual assault.

Family income. Primary caregivers reported the amount of money that they and other household members had earned during the previous year from employment, child support, government payments, and so forth. These amounts were summed to form a measure of annual family income.

Measures: Community-level variables

Community cohesion. Community cohesion was assessed by combining primary caregivers' responses to two scales. First, they completed the 15-item Social Ties Scale. This scale consists of 10 items adapted from the Social Cohesion and Trust Scale developed for the Project on Human Development in Chicago Neighborhoods (PHDCN; see Sampson, Raudenbush, & Earls, 1997), plus 5 items

developed for this project. The items asked the respondent whether: neighbors get together to deal with local problems; their neighborhood is close knit; there are adults in the neighborhood children can look up to; people are willing to help their neighbors; people do not get along (reverse scored); people provide social support to each other (three items); people share the same values; people can be trusted; people do favors for each other; people watch over each others' property when they are away; and the number of friends the respondent has in the neighborhood. The first 12 items were true-false; the last two were answered on a scale that ranged from 1 (never) to 3 (often). Items were standardized and summed to obtain a scale score. Coefficient alpha was .89.

Second, primary caregivers completed the Collective Socialization Scale developed for the PHDCN (see Sampson et al., 1997). The scale requires respondents to rate (1 = *very likely*, 4 = *very unlikely*) the extent to which eight statements described conditions in their community. The items focused on whether adults in the neighborhood know the parents and children who live in the area; notify parents, the school, or the police when they see children misbehaving; attempt to correct unruly children; and scold children who show disrespect to adults. Coefficient alpha for this scale was .82.

Responses to the Social Ties Scale and the Collective Socialization Scale were summed to form a composite measure of community cohesion. These composite scores were averaged across families within each community to obtain an aggregate measure of community cohesion for each of the 46 community clusters. The reliability coefficient for this aggregate measure, assessed by the intraclass correlation, was .60.

Community ethnic identification. As noted above, target children used the Multigroup Ethnic Identity Measure to report the extent to which they identified with and took pride in their ethnic group. Scores on this scale were averaged across children within each community to obtain a measure of the prevalence of ethnic identification for each of the

46 communities. The reliability coefficient for this aggregate measure, assessed by the intraclass correlation, was .89.

Incidence of discrimination. As described earlier, target children used the Schedule of Racist Events to report the extent to which they had experienced racial discrimination. Scores on this scale were averaged across children within each community to obtain a measure of the incidence of racial discrimination for each of the 46 communities. The reliability coefficient for this aggregate measure, assessed by the intraclass correlation, was .92.

Incidence of crime. The target children completed a seven-item community crime scale adapted from the PHDCN (see Sampson et al., 1997). The items asked respondents to report how often (1 = *never*, 3 = *often*) various criminal acts occur within their communities. The instrument included behaviors such as violent arguments, fights with weapons, robbery, gang conflict, and sexual assault. Coefficient alpha for the measure was .71. These scores were averaged across families within each community to obtain an aggregate measure of the incidence of crime for each of the 46 communities. The reliability coefficient for this aggregate measure, assessed by the intraclass correlation, was .84.

Prevalence of poverty. Using U.S. Census data, proportion of poor was averaged across the BGAs within each of our 46 communities. In performing these calculations, the proportion of poor in each BGA was weighted by number of residents living in the area.

Results

Complete data for the measures used in this paper were available for 810 families. Mean annual income for the family was \$20,803 and average number of children was 3.36. Most of the primary caregivers participating in the study were the children's biological mothers (84%) and fathers (6%). Other primary caregivers included grandmothers (6%), foster or adoptive parents (3%), other biological relatives (2%), stepparents (1%), and non-

relatives (1%). The majority of the caregivers were female (93%). Caregivers' ages ranged from 23 to 80 years, with a mean of 37.1 years. Their educational levels ranged from less than high school (19%) to a graduate degree (3%); a high school diploma was the mode. Eighty-seven percent of the primary caregivers were employed, and 42% received some form of public assistance. Eighteen percent of the primary caregivers were mothers married to the target child's biological father.

As noted above, the study families lived in 46 neighborhood clusters. Based on information from the U.S. Census, the proportion of residents in these communities who were African American averaged 44% and the average number of persons living below the poverty line was 25%. Wilson (1987) identifies a neighborhood as a high poverty area if 30% or more of the families live in poverty. Using this criterion, 32% of our community clusters were high poverty areas. Three communities had poverty rates of over 50%. Conversely, however, several of our communities showed low levels of poverty. The percentage of poor families was less than 10% in 20% of the communities.

The communities also showed substantial variability with regard to other indicators of disadvantage. Average per capita income in the neighborhoods was \$13,190, with a range of \$7,332–70,147. Community unemployment ranged from 20 to 76%, with an average of 30%. Proportion of single parents ranged from 3 to 57%, with a mean of 19%. The communities also showed variability with regard to the proportion of residents who were African American. The average was 46%; however, approximately a quarter of the communities were over 70% and another quarter were less than 30% African American. It should be noted that the Iowa and Georgia communities did not differ significantly in terms of community disadvantage.

The majority of the primary caregivers described their communities as having strong cohesion. For example, two-thirds indicated that they had friends in the neighborhood, and slightly over half reported that they could count on a neighbor to buy groceries for them if they were sick or to lend them \$30 in an

emergency. Three-quarters of the respondents reported that parents in their neighborhood know their children's friends, and 55% indicated that it was very likely that community residents would scold children if they showed disrespect for authority.

Approximately one-fifth of the target children reported that either they or a household member had been the victim of a crime, and 5% indicated that this had happened four or more times. Several of the respondents stated that crime was common in their community. Thirty-five percent of the children reported that there were fights with weapons in their neighborhood; 55% reported violent arguments, 31% reported robberies, and 17% reported murders.

The majority of the target children had experienced racial discrimination. For example, 67% reported that someone had insulted them because they were African American, and 46% indicated that they had experienced racial slurs. Forty-three percent stated that they had been suspected of doing something wrong because they were African American. Thirty-three percent reported that they had been excluded from an activity, and 18% indicated that they had been threatened with physical harm because they are African American. Many of the respondents reported that their friends and family had been the victim of racial discrimination. Fifty-four percent reported that close friends had been treated unfairly because they were African American, and 48% reported that family members had received such treatment.

As noted earlier, the DISC provides both diagnostic and symptom count data. Analysis indicated that 1.3% of the children in our sample met the criteria for major depression. This is roughly comparable to the prevalence reported in studies of White children (Newman & Garfinkel, 1992). Most studies have reported that between 1 and 2% of 10-year-olds meet the criteria for depression. This prevalence rate has been reported for children living in the United States (Kaplan & Sadock, 1985), England (Rutter, 1971), Germany (Nissen, 1971), and New Zealand (Kashani, McGee, Clarkson, Anderson, Walton, Williams, Silva, Robins, Cytryn, & McKnew, 1983).

Given the low proportion of children who qualified for diagnosis, we used the symptom count data for our analyses. This provided for greater variability and reliability in the dependent variable and allowed us to utilize more complex multivariate procedures.

Eighty-eight percent of the target children reported at least one symptom of depression during the previous year. Scores on the DISC ranged from 1 to 21 with an average of 5.93. Although 38% reported three or fewer symptoms, 20% reported 10 or more symptoms. The most frequently reported symptoms were feelings of sadness/depression (32%), diminished interest/pleasure in activities (32%), feeling grouchy/irritable (41%), loss of appetite (44%), trouble sleeping (42%), thoughts about death (34%), and suicide ideation (35%).

Table 2 presents the correlation matrix for the study variables. Two of the individual-level variables show a significant association with depressive symptoms. Consistent with prior studies of children, there is a significant relationship between uninvolved parenting and child depressive symptoms. Consistent with findings from research on adults and adolescents, there is a rather strong correlation between having been the victim of discrimination and depressive symptoms. Gender of child is among the individual-level variables that are not related to depressive symptoms. This is in keeping with past research showing that prior to puberty, boys and girls display roughly comparable rates of depression (Cicchetti & Toth, 1995; Compas & Hammen, 1994). The table shows significant associations between child depressive symptoms and four of the five community-level variables. Prevalence of discrimination, community ethnic identification, prevalence of criminal victimization, and community cohesion are all related to depressive symptoms; only community poverty fails to show a significant association with depressive symptoms.

Table 2 also shows substantial intercorrelation between the predictor variables. At the individual level, uninvolved parenting is negatively related to ethnic identification and positively correlated with personal victimization, whereas family income is positively related to ethnic identification and negatively

Table 2. Correlation matrix for study variables

	1	2	3	4	5	6	7	8	9	10	12	M	SD
1. Depressive symptoms	—											5.93	4.72
2. Uninvolved parenting	.14**	—										7.85	1.60
3. Ethnic identification	.01	-.22**	—									36.86	5.35
4. Child's gender	-.01	.11**	-.05	—								.45	.50
5. Family income	-.06	-.07	.10**	.03	—							20,803	24,270
6. Criminal victimization	.04	.06	-.02	.04	-.05	—						0.76	4.39
7. Personal discrimination	.31**	.15**	-.05	-.06	-.12**	.08*	—					20.97	6.82
8. Prevalence of discrimination	.21**	.02	-.06	-.01	-.15**	-.04	.33**	—				20.05	2.27
9. Community poverty	.04	.06	-.06	-.03	-.22**	.12**	.09*	.27**	—			24.98	13.76
10. Community ethnic identification	-.11*	-.09*	.21**	.01	.13**	-.01	-.11**	-.38**	-.32**	—		36.59	1.33
11. Prevalence of criminal victimization	.08*	.07	-.10**	-.03	-.22**	.11**	.16**	.49**	.69**	-.48**	—	2.26	4.05
12. Community cohesion	-.10**	-.03	.10**	.05	.15**	-.05	-.16**	-.50**	-.49**	.54**	-.64**	9.27	4.62

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

correlated with personal victimization. With few exceptions, each of the community-level variables displays a significant association with all of the other community-level variables. In addition to intercorrelation between the variables within each of the levels, the table shows several significant relationships between individual- and community-level variables. Both family income and personal discrimination, for example, are significantly related to all five of the community-level variables. As would be expected, personal experiences of criminal victimization are related to community prevalence of criminal victimization, and personal experiences of discrimination are correlated with community prevalence of discrimination. These various patterns of association indicate that multi-level, multivariate analysis is required in order to determine the effect of the various individual- and community-level variables on child depressive symptoms. HLM was used to perform this analysis.

The first analytic step in HLM was to estimate a random analysis of variance (ANOVA) model for the dependent variable—child depressive symptoms. Although this ANOVA model contained no predictors, it provided a gauge of how much of the variance in the dependent variable was within neighborhoods (level 1) versus between neighborhoods (level 2). This information was necessary in order to determine whether more complex models were warranted. There would be nothing to explain at the community level if the between-unit variance was not significant. The results of this ANOVA indicated that 86.4% of the total variance in depressive symptoms was within neighborhoods, with the remaining 13.6% being between neighborhoods. The null hypothesis of no variation in the average level of conduct problems between communities was rejected ($p < .001$). Thus, although most of the variance in child depressive symptoms was within communities, there was also significant variation between communities. Indeed, the between-community proportion of 13.6% is larger than that found in most multilevel investigations of neighborhood effects (e.g., Elliott, Wilson, Huizinga, Sampson, Elliott, & Rankin 1996;

Leventhal & Brooks-Gunn, 2000; Sampson et al., 1997).

Prior to testing a between-neighborhood model, we examined a level-1 ANCOVA model that used only the individual-level variables as predictors. This model allowed us to investigate the extent to which each of the individual-level predictors was related to child depressive symptoms and to determine whether the relationship (i.e., the slope) between any of these predictors and depressive symptoms varied across neighborhoods. As shown in Table 3, only two individual-level variables—uninvolved parenting and discrimination—were significantly related to depressive symptoms in this analysis. The beta coefficients were .125 and .251, respectively. Together, these variables accounted for 15.06% of the within-community variance in child depressive symptoms.

The results from this model also indicated that the slopes for three of the individual-level predictors—family income, uninvolved parenting, and criminal victimization—showed significant variation across communities. Stated differently, the magnitude of the association between these three variables and depressive symptoms was not constant across the 46 communities. This suggested that the effects of these variables should be freed to vary whereas the effects of the other individual-level variables could be fixed.

Next, we tested a mixed model that included both the individual- and community-level variables as predictors of depressive symptoms. This model estimated the effects of each of the community-level variables after controlling for the effects of the other community variables and the effects of the individual-level variables. In addition, the model estimated the extent to which the community variables predicted variation in the slopes of family income, uninvolved parenting, and criminal victimization. Thus, the model evaluated the main effects of both the individual- and community-level variables, as well as the interaction of the community-level variables with three of the individual-level variables. The results indicated that only two of the interaction terms were significant. None of the others approached statistical significance. In

Table 3. Child depressive symptoms regressed on individual- and community-level variables

Explanatory Variables	Individual-Level Model		Reduced Mixed Model	
	β Coefficient	<i>p</i> Value	β Coefficient	<i>p</i> Value
Individual level				
Gender	-.001	.871	.001	.977
Family income	-.022	.519	-.022	.506
Uninvolved parenting	.125	.004	.117	.001
Ethnic identification	.055	.133	.073	.075
Discrimination	.251	.001	.241	.001
Criminal victimization	.135	.182	.229	.052
Community level				
Community poverty	—	—	-.042	.563
Community cohesion	—	—	-.076	.660
Community ethnic identification	—	—	-.392	.042
Prevalence of discrimination	—	—	.313	.039
Prevalence of criminal victimization	—	—	.126	.248
Cross-level interaction				
Community ethnic identification with criminal victimization	—	—	-.830	.025
Community poverty with criminal victimization	—	—	-.236	.022

an effort to identify a more parsimonious model, we deleted the insignificant interactions and reran the model. The deviance coefficient for the model with all of the interactions was 2,028.65 with 38 estimated parameters, whereas this coefficient for the reduced model was 2,040.64 with 25 estimated parameters. This 11.99 change in the chi-square test with 13 degrees of freedom does not approach significance, indicating that the interaction terms can be deleted with no significant decrease in the fit of the model to the data. The last two columns of Table 3 present the results for this trimmed or reduced mixed model.

As was the case with the individual-level model, both uninvolved parenting and discrimination are positively associated with depressive symptoms. However, with the addition of the community-level variables, criminal victimization now also demonstrates a significant effect. The beta coefficients are .117, .241, and .229, respectively. Only two of the community-level variables are significantly related to depressive symptoms. The beta coefficient is $-.392$ for community ethnic identification and .313 for prevalence of discrimination. Together, these two community

variables account for 36.72% of the between-community variance in depressive symptoms.

In addition to these main effects, Table 3 shows that the effect of criminal victimization varies by a community's level of ethnic identification and prevalence of poverty. We graphed these two interactions in order to better understand their meaning. Figure 1 depicts the relationship between criminal victimization and child depressive symptoms for children living in communities either high or low on ethnic identification. The figure indicates that criminal victimization dramatically increases a child's risk for depressive symptoms in communities where ethnic identification is low, but that there is no association between criminal victimization and depressive symptoms in communities high on ethnic identification. This pattern of results suggests that ethnic identification may buffer children against the deleterious emotional consequences of criminal victimization.

Figure 2 displays the association between criminal victimization and depressive symptoms for children living in communities either high or low on poverty. The graph shows that the association between criminal victimization and depressive symptoms is stronger in eco-

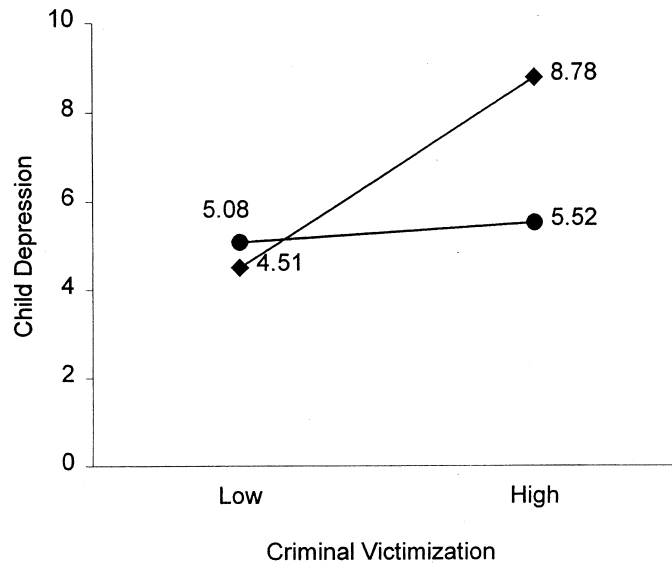


Figure 1. The differences in the association between experiences of criminal victimization and depressive symptoms for children living in communities either high or low on ethnic identification: (●) above the median or (◆) below the median.



Figure 2. The differences in the association between experiences of criminal victimization and depressive symptoms for children living in communities either high or low on prevalence of poverty: (●) below the median or (◆) above the median.

nominally distressed than in more affluent communities. Living in an economically disadvantaged area appears to exacerbate the link between victimization and childhood depression.

Overall, our findings provide strong sup-

port for the idea that depressive symptoms among African American children are associated with dimensions of everyday life largely unique to children of color. Specifically, discrimination at the individual and community level, criminal victimization at the individual

and community level, and ethnic identification at the community level were all related to depressive symptoms. It is possible, however, that these associations are not real but merely a reflection of shared methods variance (Lorenz, Conger, Simons, Whitbeck, & Elder, 1991). Psychologically distressed individuals tend to focus on negative thoughts and memories and to engage in negative scanning of their environment (Berkowitz, 1989; Brewin, 1985). Such biases in perception and recall may account for some of our findings.

This was especially likely to be the case for reports about discrimination. Although many discriminatory events are blatant (e.g., racist remarks), others are more subtle and open to interpretation (e.g., exclusion from activities). To rule out the possibility that the child's emotional state was biasing his or her perceptions of having been the victim of discrimination, we repeated the HLM analyses using caregiver reports of discrimination in place of child reports. Because caregivers did not report on criminal victimization and ethnic identification, we could not make similar substitutions for these two constructs. Criminal victimization, however, usually involves traumatic, highly visible events that are less vulnerable to selective perception or biased recall than the more subtle forms of discrimination. Similarly, it seems likely that respondents' reports regarding their commitment to cultural norms and activities would be relatively independent of their emotional state.

The results obtained after substituting caregiver reports for child reports of discrimination are presented in Table 4. The findings are very comparable to those reported in Table 3. Uninvolved parenting, criminal victimization, and prevalence of criminal victimization show significant association with depressive symptoms, and the coefficient for community ethnic identification approaches significance ($p = .091$). Of most interest, however, is the finding that caregiver reports of discrimination are related to children's depressive symptoms. This association is significant at both the individual and community level. Thus, the relationship between discrimination and depressive symptoms does not appear to be an artifact of shared methods variance.

Another possibility was that some of the relationships reported in Tables 3 and 4 were spurious because of confounds between some of the study variables and the proportion of residents in each community who are African American. Prevalence of discrimination, community ethnic identification, and childhood depression, for example, might all be correlated with proportion of residents who are African American. If this is true, controlling for proportion of African American residents might have the effect of reducing or eliminating the effect of prevalence of discrimination and community ethnic identification on childhood depression. Analysis showed that proportion of African American residents was related to the other community variables, but it was not associated with childhood depression. More important, when proportion of African American residents was added to the HLM models, the pattern of significant findings reported in Tables 3 and 4 remained unchanged.

Discussion

Several researchers have stressed the limitations of a one model fits all approach to studying child development (Garcia-Coll et al., 1996; Hughes et al., 1993; McLoyd, 1990; Spencer, 1990). They argue that the everyday lives of children of color differ in many ways from that of European American children and that theories of development must take these differences into account. Research on children of color, they contend, needs to include racial and ethnic values that may influence competencies, as well as events, that pose threats to adjustment, such as racism, discrimination, and prejudice. These theorists also emphasize the importance of including community contextual factors because a disproportionate number of minority families live in high-risk areas characterized by extreme poverty, racism, and crime (Garcia-Coll et al., 1996; Wilson, 1996).

Results from the present study provide support for this perspective. Consistent with research on European American children, we found that uninvolved parenting was associated with depressive symptoms among the African American children in our study. Also

Table 4. Results from the HLM analysis when primary caregiver reports are substituted for child reports of discrimination

Explanatory Variable	β Coefficient	<i>p</i> Value
Individual level		
Gender	-.010	.743
Family income	-.036	.233
Uninvolved parenting	.152	.001
Ethnic identification	.052	.121
Discrimination	.141	.001
Criminal victimization	.326	.016
Community level		
Community poverty	-.014	.830
Community cohesion	.035	.801
Community ethnic identification	-.296	.091
Prevalence of discrimination	.236	.012
Prevalence of criminal victimization	.255	.029
Cross-level interactions		
Community ethnic identification with criminal victimization	-.946	.042
Community poverty with criminal victimization	-.262	.041

correlated with depressive symptoms, however, were several individual- and community-level factors largely specific to the everyday lives of children of color.

First, our results indicated a significant association between experiences of racial discrimination and depressive symptoms. Although past research has reported a relationship between racial discrimination and depression (Amaro et al., 1987; Jackson et al., 1997; Noh et al., 1998; Pernice & Brook, 1996; Sanders-Thompson, 1996), these studies focused on adults, usually assessed discrimination using a single item, and often did not control for potentially confounding variables. The present study used a concretely worded multi-item scale to measure racial discrimination and controlled for factors that have been linked to depression among children. Our results demonstrated a rather strong association between racial discrimination and depressive symptoms. This finding should not be interpreted simply as an indication that depressed children are more likely to interpret ambiguous, negative events as incidents of discrimination, because the relationship between discrimination and depressive symptoms continued to be significant when care-

taker reports of discrimination were substituted for child reports.

Further evidence of the demoralizing effect of racial discrimination came from our finding that the prevalence of discrimination within a community is related to children's depressive symptoms even after controlling for the effects of personal exposure to discrimination. Regardless of the frequency with which a child had experienced discrimination, residing in a highly discriminatory community increased his or her risk for depressive symptoms. This relationship held whether we used child or caretaker reports of racial discrimination. This finding is consistent with the view that minority children are distressed by witnessing incidents of discrimination against members of their ethnic or racial group and that living in a racist environment threatens a child's mental health even when he or she has not been a target of such incidents.

Over the years, several scholars (Majors & Billson, 1992; Murry, in press; Peters & Massey, 1983) have argued that research on African Americans must include the realities of racism and discrimination. These authors contend that racial oppression is an everyday feature of African American life, and that con-

ceptual frameworks that omit this variable are necessarily incomplete. The results from the present study validate this perspective in understanding African American children's mental health. They suggest that a comprehensive explanation for depression among Black children must incorporate both direct and vicarious experiences of racial discrimination.

African American children are more likely to live in high-crime communities than White children (Sampson & Wilson, 1995). This increases the chances that either they or a family member will be the victim of a crime. Our results indicated that such experiences are associated with depressive symptoms. This is consistent with the findings of prior research showing that criminal victimization often leads to depression and anxiety (Gorman-Smith & Tolan, 1998; Martinez & Richters, 1993; Pynoos et al., 1987; Terr, 1979; Zedner, 1997). Although personal victimization or victimization of a family member were related to depressive symptoms, residing in a high-crime neighborhood was not. This finding contradicts the hypothesis that children experience such a milieu as threatening and demoralizing (Duncan, 1996; Richters, 1993). It is also contrary to previous studies (Ane-schensel & Sucoff, 1996; Fitzpatrick & Boldizar, 1993; Martinez & Richters, 1993; Pynoos, 1993) in which children residing in high-crime neighborhoods displayed elevated levels of emotional distress. Our results are consistent, however, with those of Richters and Martinez (1993), who failed to find a relationship between community violence and childhood distress. Their research, like the present study, involved a sample of elementary school children, whereas most of the studies that have found an association have focused on adolescents. Thus, high crime rates may have little effect on children's mental health until they reach adolescence and increase the amount of time that they spend away from the home and out in the community.

Several researchers have posited that children of color are less apt to display adjustment problems when they identify strongly with their racial or ethnic group (Hill, 1999;

Hughes & Chen, 1999). A positive racial identity is viewed as providing a sense of self that counters the negative images conveyed by the broader society (McLoyd et al., 2000; Murry, in press; Spencer, 1995). Contrary to this contention, we failed to find a relation between positive identification with African American culture and childhood symptoms of depression. Such an association may emerge as the children in our sample enter adolescence and issues of identify become more salient. Although a child's level of racial identification was not related to depressive symptoms, there was a significant association between children's depressive symptoms and the prevalence of racial identification within the community. This finding is consistent with the view that African American children benefit from living in a neighborhood where racial identification and pride are widely prevalent. These communities undoubtedly place a strong emphasis on cultural heritage, values, and traditions. A social context of this type may reduce a child's risk for depression by fostering a sense of meaning, belonging, and optimism.

As further evidence of the benefits of living in an area where racial identification is highly prevalent, we found evidence that residing in such a community can buffer a child against the negative consequences of criminal victimization. Our results indicated that the relationship between criminal victimization and depressive symptoms was strong in communities low on racial identification, whereas there was only a low association between victimization and depressive symptoms in communities high on racial identification. This suggests that residing in a community where racial identification is widely prevalent may be an important coping resource for African American children. Perhaps community cultural traditions and values provide a meaning and optimism that counters the fear and demoralization that children normally experience when they or a family member are the victim of a crime.

Although community ethnic identification moderated the effects of criminal victimization, our analyses indicated that community poverty had just the opposite effect. The

relationship between criminal victimization and depressive symptoms was significantly stronger in communities high on poverty than in those low on poverty. This suggests that living in an economically disadvantaged area may increase the chances that criminal victimization will lead to depression. Although it is unclear why this might be the case, we expect that it is related to the accumulation or pile-up of stressors that often occurs in disadvantaged communities. Children residing in poor neighborhoods may be so overwhelmed with the stress and disorder of everyday life that they lack the emotional reserve required to cope with the additional trauma of criminal victimization. Whereas children living in affluent neighborhoods might be expected to view criminal victimization as an aberration in a basically trustworthy and predictable world, those living in economically distressed areas are likely to experience such an event as yet another threat to their self-efficacy and optimism.

Our findings support the idea that models of child adjustment need to include factors specific to the everyday lives of the cultural group that is being studied. Although discrimination, criminal victimization, and ethnic identification are not likely to be important correlates of depression among European American children, they were significantly related to depressive symptoms in our African American sample. Furthermore, the association of the community prevalence of these factors with depressive symptoms underscores the importance of incorporating community context when building models of emotional well-being among children of color.

These results imply policies that might enhance the emotional well-being of African American children. First, there appear to be psychological benefits for African American children when their community emphasizes ethnic awareness and pride. This suggests that African American communities should continue to celebrate their cultural heritage, values, and traditions and that children should be encouraged to participate in these activities. Second, racial discrimination is still a fact of life for most African American children. Such events take a psychological toll on children of

color, and it is essential that schools, the police, local businesses, and other community organizations adopt policies that strongly discourage prejudicial and discriminatory actions.

Given the high prevalence of racial discrimination, it would seem to be important that parents do what they can to prepare their children for such incidents. Children need to acquire strategies for addressing and overcoming the slights, insults, and barriers that they are likely to encounter in everyday life. In recent years, several studies have examined the racial socialization practices of African American parents (see Hill, 1999; Hughes & Chen, 1997, 1999; McLoyd et al., 2000). Unfortunately, most of this research has not gone on to investigate which approaches are most effective in helping children cope with discrimination. This is an important issue for future research.

Although a major strength of the present study was its use of a multilevel approach that combined community- and individual-level variables, the study also suffered from certain limitations that need to be mentioned. First, although some of our most salient findings involve associations between community factors and childhood depression, it should be noted that our measures of community constructs were based on aggregations of participants' perceptions. We did not have access to independent assessments of community constructs. Second, the analyses were based on cross-sectional data. Although socioenvironmental factors such as uninvolved parenting and racial discrimination could increase an African American child's risk for depression, childhood depression also might lead to uninvolved parenting and stressful life events, including discrimination. Longitudinal data are necessary in order to examine the causal priorities at work between the study variables.

A second potential limitation involves the sample. The study focused on African American families living in towns and small cities; hence, it was not nationally representative. The results should be replicated with a sample of African Americans living in large cities. Even if the findings cannot be generalized to large metropolitan areas, they provide valu-

able information regarding risk factors for depression among African American children living in smaller communities. Past studies of psychosocial risk among African American children have focused almost exclusively on families living in poor neighborhoods in large cities located in northern states (Brody et al., 1994; McLoyd, 1990; McLoyd et al., 1994). Although migration patterns during the past several decades have produced large concentrations of African Americans in northern cities, millions of Black families still living in the South and Midwest do not reside in large

metropolitan areas (Brody et al., 1994; Stark, 1987). It is therefore important to study African American families living in towns and small cities regardless of the generalizability of the findings to large metropolitan areas. The present study indicates that uninvolved parenting, stressful life events, experiencing racial discrimination, and witnessing racial discrimination all increase the chances that children living in such communities will show symptoms of depression, whereas community cohesion appears to increase a child's resistance to the effect of stressful events.

References

- Abrahamson, L. Y., Seligman, M., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology, 87*, 49–74.
- Amaro, H., Russo, N. F., & Johnson, J. (1987). Family and work predictors of psychological well-being among Hispanic women professionals. *Psychology of Women Quarterly, 11*, 505–521.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Aneshensel, C. S., & Sucoff, C. A. (1996). The neighborhood context of adolescent mental health. *Journal of Health and Social Behavior, 37*, 293–310.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Baumrind, D. (1991). Effective parenting during the early adolescent transition. In P. A. Cowan & E. M. Hetherington (Eds.), *Family transitions: Advances in family research series* (pp. 111–163). Hillsdale, NJ: Erlbaum.
- Beck, A. T. (1970). Cognitive therapy: Nature and relation to behavior therapy. *Behavior Research and Therapy, 7*, 184–200.
- Bell, C. C., & Jenkins, E. J. (1993). Community violence and children on Chicago's Southside. *Psychiatry, 56*, 46–54.
- Belsky, J. (1999). Infant-parent attachment. In L. Balter & C. S. Tamis-LeMonda (Eds.), *Child psychology: A handbook of contemporary issues* (pp. 45–63). Philadelphia: Psychology Press.
- Berkowitz, L. (1989). Frustration-aggression hypothesis: Examination and reformulation. *Psychological Bulletin, 106*, 59–73.
- Brewin, C. (1985). Depression and causal attributions: What is their relation? *Psychological Bulletin, 98*, 297–309.
- Brody, G. H., Stoneman, Z., For, D., McCrary, C., Hastings, L., & Conyers, O. (1994). Financial resources, parent psychological functioning, parent co-parenting, and early adolescent competence in rural two-parent African American families. *Child Development, 65*, 590–605.
- Bronfenbrenner, U., & Crouter, A. C. (1983). The evolution of environmental models in developmental research. In W. Kessen (Ed.) & P. H. Mussen (Series Ed.), *Handbook of child psychology: Vol. 1. History, theory, and methods* (4th ed., pp. 357–414). New York: Wiley.
- Burton, L. M., & Jarrett, R. L. (2000). In the mix, yet on the margins: The place of families in urban neighborhoods and child development research. *Journal of Marriage and the Family, 63*, 114–1135.
- Cicchetti, D., & Lynch, M. (1993). Toward an ecological/transactional model of community violence and child maltreatment: Consequences for children's development. *Psychiatry, 56*, 96–118.
- Cicchetti, D., & Toth, S. L. (1995). Developmental psychopathology and disorders of affect. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology: Vol. 2. Risk, disorder and adaptation*. New York: Wiley.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*, 310–357.
- Compas, B. E., & Hammen, C. L. (1994). Child and adolescent depression: Covariation comorbidity in development. In R. J. Haggerty, L. R. Sherrod, N. Garnezy, & M. Rutter (Eds.), *Stress, risk, and resilience in children and adolescents: Processes, mechanisms, and interventions* (pp. 225–267). New York: Cambridge University Press.
- Conger, R. D., & Chao, W. (1996). Adolescent depressed mood. In R. L. Simons (Ed.), *Understanding differences between divorced and intact families* (pp. 157–175). Thousand Oaks, CA: Sage.
- Conger, R. D., Conger, K., Elder, G. H., Lorenz, F. O., Simons, R. L., & Whitbeck, L. B. (1992). A family process model of economic hardship and influences on adjustment of early adolescent boys. *Child Development, 63*, 526–541.
- Conger, R. D., Ge, X., Elder, G. H., Lorenz, F. O., & Simons, R. L. (1994). Economic stress, coercive family process and developmental problems of adolescents. *Child Development, 65*, 541–561.
- Cook, P. F., & Laub, J. H. (1998). The unprecedented epidemic in youth violence. In M. Tonry & M. H. Moore (Eds.), *Youth violence* (pp. 27–65), Chicago: University of Chicago Press.
- Duncan, D. F. (1996). Growing up under the gun: Children and adolescents coping with violent neighbor-

- hoods. *Journal of Primary Prevention*, 16, 343–356.
- Durkheim, E. (1951). *Suicide*. (J. A. Spaulding & G. Simpson, Trans.). New York: Free Press. (Original work published 1897)
- Elliott, D., Wilson, W. J., Huizinga, D., Sampson, R. J., Elliott, A., & Rankin, B. (1996). Effects of neighborhood disadvantage on adolescent development. *Journal of Research in Crime and Delinquency*, 33, 389–426.
- Fitzpatrick, K. M., & Boldizar, J. P. (1993). The prevalence and consequences of exposure to violence among African American youth. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32, 424–430.
- Fleming, J. E., & Offord, D. R. (1990). Epidemiology of childhood depressive disorders: A critical review. *Journal of the American Academy of Child and Adolescent Psychiatry*, 29, 571–580.
- Garcia Coll, C., Crnic, K., Lamberty, G., Wasik, B. H., Jenkins, R., Garcia, H. V., & McAdoo, H. P. (1996). An integrative model for the study of developmental competencies in minority children. *Child Development*, 67, 1891–1914.
- Garcia-Coll, C. G., Crnic, K., Lamberty, G., Wasik, B. H., Jenkins, R., Garcia, H. V., & McAdoo, H. P. (1996). An integrative model for the study of developmental competencies in minority children. *Child Development*, 67, 1891–1914.
- Gorman-Smith, D., & Tolan, P. (1998). The role of exposure to community violence and developmental problems among inner-city youth. *Development and Psychopathology*, 10, 101–116.
- Gotlib, I. H., Lewinsohn, P. M., & Seeley, J. R. (1995). Symptoms versus diagnosis of depression: Differences in psychosocial functioning. *Journal of Consulting and Clinical Psychology*, 63, 90–100.
- Harter, S. (1990). Causes, correlates and the functional role of global self-worth: A life-span perspective. In J. Kolligian & R. Sternberg (Eds.), *Perceptions of competence and incompetence across the life-span* (pp. 67–98). New Haven, CT: Yale University Press.
- Higgins, E. T. (1991). Development of self-regulatory and self-evaluative processes: Costs, benefits, and tradeoffs. In M. R. Gunnar & L. A. Sroufe (Eds.), *Self processes and development: The Minnesota Symposia on Child Development* (Vol. 23, pp. 125–166). Hillsdale, NJ: Erlbaum.
- Hill, S. A. (1999). *African American children: Socialization and development in families*. Thousand Oaks, CA: Sage.
- Hughes, D., & Chen, L. A. (1997). When and what parents tell children about race: An examination of race-related socialization among African American families. *Applied Developmental Science*, 1, 198–212.
- Hughes, D., & Chen, L. A. (1999). The nature of parents' race-related communications to children: A developmental perspective. In L. Balter & C. S. Tamis-LeMonda (Eds.), *Child psychology: A handbook of contemporary issues*. Philadelphia: Psychology Press.
- Hughes, D., Seidman, E., & Williams, N. (1993). Cultural phenomena and the research enterprise: Toward a culturally anchored methodology. *American Journal of Community Psychology*, 21, 687–703.
- Jackson, J. S., Williams, D., & Torres, M. (1997). *Perceptions of discrimination: The stress process and physical and psychological health*. Washington, DC: National Institute of Mental Health.
- Kaplan, H. I., & Sadock, B. J. (1985). *Synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (4th ed.). Baltimore, MD: Williams & Wilkins.
- Kashani, J. H., McGee, R. O., Clarkson, S. E., Anderson, J. C., Walton, L. A., Williams, S., Silva, P. A., Robins, A. J., Cytryn, L., & McKnew, D. H. (1983). Depression in a sample of 9-year-old children. *Archives of General Psychiatry*, 40, 1217–1223.
- Kessler, R. C., House, J. S., Anspach, R., & Williams, D. R. (1995). Social psychology and mental health. In K. S. Cook, G. A. Fine, & J. S. House (Eds.), *Sociological perspectives on social psychology* (pp. 548–570). Boston: Allyn and Bacon.
- Kessler, R. C., Mickelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of Health and Social Behavior*, 40, 208–230.
- Landrine, H., & Klonoff, E. A. (1996). The schedule of racist events: A measure of racial discrimination and a study of its negative physical and mental health consequences. *Journal of Black Psychology*, 22, 144–168.
- Leventhal, T., & Brooks-Gunn, J. (2000). The neighborhoods they live in: The effects of neighborhood residence on child and adolescent outcomes. *Psychological Bulletin*, 126, 309–337.
- Lorenz, F. O., Conger, R. D., Simons, R. L., Whitbeck, L. B., & Elder, G. H., Jr. (1991). Economic pressure and marital quality: An illustration of the method variance problem in the causal modeling of family processes. *Journal of Marriage and the Family*, 53, 375–388.
- Maccoby, E., & Martin, J. A. (1983). Socialization in the context of the family: Parent-child interaction. In P. Mussen (Ed.), *Handbook of child psychology* (pp. 1–101). New York: Wiley.
- Maccoby, E. (1992). The role of parents in the socialization of children: An historical overview. *Developmental Psychology*, 28, 1006–1017.
- Maccoby, E. E. (1980). *Social development: Psychological growth and the parent-child relationship*. New York: Harcourt Brace Jovanovich.
- Majors, R., & Billson, J. M. (1992). *Cool pose: The dilemmas of Black manhood in America*. New York: Lexington Books.
- Martinez, P., & Richters, J. E. (1993). The NIMH Community Violence Project II: Children's distress symptoms associated with violence exposure. *Psychiatry*, 56, 22–35.
- McLeod, J. D., & Shanahan, M. J. (1993). Poverty, parenting, and children's mental health. *American Sociological Review*, 58, 351–366.
- McLoyd, V. C. (1990). Minority children: Introduction to the special issue. *Child Development*, 61, 263–266.
- McLoyd, V. C., Cauce, A. M., Takeuchi, D., & Wilson, L. (2000). Marital processes and parental socialization in families of color: A decade review of research. *Journal of Marriage and the Family*, 62, 1070–1093.
- McLoyd, V. C., Jayaratne, T. E., Ceballos, R., & Borquez, J. (1994). Unemployment and work interruption among African American single mothers: Effects on parenting and adolescent socioemotional functioning. *Child Development*, 65, 562–589.
- Merikangas, K. R., & Angst, J. (1995). The challenge of depressive disorders in adolescence. In M. Rutter (Ed.), *Psychosocial disturbances in young people: Challenges for prevention* (pp. 131–165). New York: Cambridge University Press.

- Murry, V. M. (in press). Extraordinary challenges and ordinary life experiences of Black American families. In P. C. McKenry & S. J. Price (Eds.), *Family stress and change* (2nd ed.).
- Newman, J. P., & Garfinkel, B. D. (1992). Major depression in childhood and adolescence. In S. R. Hooper, G. W. Hynd, & R. E. Mattison (Eds.), *Child psychopathology: Diagnostic criteria and clinical assessment* (pp. 65–105). Hillsdale, NJ: Earlbaum.
- Nissen, G. (1971). Symptomatik und prognose depressive vertimmungszustände in kindes und jugendelter. In A. L. Annell (Ed.), *Depressive states in childhood and adolescence* (pp. 517–524). Stockholm: Almqvist & Wiskell.
- Noh, S., Beiser, M., Hou, F., & Kaspar, V. (1998). Experiences of racism among Southeast Asian refugees in Canada. In R. Roth (Ed.), *Psychologists facing the challenge of a global culture with human rights and mental health*. Heidelberg, Germany: Pabst Science Publishers.
- Pernice, R., & Brook, J. (1996). Refugees' and immigrants' mental health: Association of demographic and post-migration factors. *The Journal of Social Psychology*, 136, 511–519.
- Peters, M. F., & Massey, G. (1983). Mundane extreme environmental stress in family stress theories: The case of Black families in White America. In H. I. McCubbin, M. B. Sussman, & J. M. Patterson (Eds.), *Social stress and the family: Advances and developments in family stress theory and research* (pp. 193–217). New York: Haworth Press.
- Petersen, A. C., Compas, B. E., Brooks-Gunn, J., Stemmler, M., Ey, S., & Grant, K. E. (1993). Depression in adolescence. *American Psychologist*, 48, 155–158.
- Phinney, J. S. (1992). The multigroup ethnic identify measure: A new scale for use with diverse groups. *Journal of Adolescent Research*, 7, 156–176.
- Phinney, J. S., & Kohatsu, E. L. (1997). Ethnic and racial identity development and mental health. In J. Schulenberg, J. J. Maggs, & K. Hurrelmann (Eds.), *Health risks and developmental transitions during adolescence*. New York: Cambridge University Press.
- Piaget, J. (1960). *The psychology of intelligence*. Patterson, NJ: Littlefield, Adams.
- Pynoos, R. S. (1993). Traumatic stress and developmental psychopathology in children and adolescents. In J. M. Oldham, M. B. Riba, & A. Tasman (Eds.), *Review of Psychiatry* (Vol. 12, pp. 205–238). Washington, DC: American Psychiatric Association.
- Pynoos, R. S., Frederick, C., Nader, K., Arroyo, W., Steinberg, A., Eth, S., Nuez, F., & Fairbanks, L. (1987). Life threat and posttraumatic stress in school-age children. *Archives of General Psychiatry*, 44, 1057–1063.
- Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., Beuhring, T., Sieving, R. E., Shew, M., Ireland, M., Bearinger, L. H., & Udry, J.R. (1997). Protecting adolescents from harm: Findings for the National Longitudinal Study on adolescent health. *Journal of the American Medical Association*, 278, 823–832.
- Richters, J. E. (1993). Community violence and children's development: Toward a research agenda for the 1990s. *Psychiatry*, 56, 3–7.
- Richters, J. E., & Martinez, P. E. (1993). Violent communities, family choices, and children's chances: An algorithm for improving the odds. *Development and Psychopathology*, 5, 609–627.
- Rumbaut, R. G. (1994). The crucible within: Ethnic identity, self-esteem, and segmented assimilation among children of immigrants. *International Migration Review*, 28, 748–794.
- Rutter, M. (1971). Relationships between child and adult psychiatric disorders. *Acta Psychiatrica Scandinavica*, 48, 3–21.
- Rutter, M. (1988). Functions and consequences of relationships: Some psychopathological considerations. In R. A. Hinde & J. Stevenson-Hinde (Eds.), *Relationships within families: Mutual influences* (pp. 332–353). New York: Oxford University Press.
- Salgado de Snyder, V. N. (1987). Factors associated with acculturative stress and depressive symptomology among married Mexican immigrant women. *Psychology of Women Quarterly*, 11, 475–488.
- Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, 277, 918–924.
- Sampson, R. J., & Wilson, W. J. (1995). Toward a theory of race, crime, and urban inequality. In J. Hagan & R. Peterson (Eds.), *Crime and inequality* (pp. 37–56). Stanford, CT: Stanford University Press.
- Sanders-Thompson, V. L. (1996). Perceived experiences of racism as stressful life events. *Community Mental Health Journal*, 32, 223–233.
- SAS/STAT (1990). *User's guide: Version 6*. Cary, NC: SAS Institute.
- Selman, R. L. (1980). *The growth of interpersonal understanding: Developmental theory and clinical analyses*. New York: Academic Press.
- Shaffer, D., Fisher, P., Piacentini, J., Conners, C. K., Schwab-Stone, M., Cohen, P., Davies, M., & Reigier, D. (1993). The Diagnostic Interview Schedule for Children Revised Version (DISC-R). Preparation, field testing, inter-rater reliability and acceptability. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32, 643–650.
- Silbereisen, R. K., Noack, P., & Eyferth, K. (1986). Place for development: Adolescents, leisure settings, and developmental tasks. In R. K. Silbereisen, K. Eyferth, and G. Rudinger (Eds.), *Development as action in context* (pp. 87–107). New York: Springer-Verlag.
- Simons, R. L., Chao, W., Conger, R. D., & Elder, G. H. (2001). Quality of parenting as mediator of the effect of childhood defiance on adolescent friendship choices and delinquency: A growth curve analysis. *Journal of Marriage and the Family*, 63, 63–79.
- Simons, R. L., Johnson, C., Beaman, J., Conger, R. D., & Whitbeck, L. B. (1996). Parents and peer group as mediators of the effect of community structure on adolescent problem behavior. *American Journal of Community Psychology*, 24, 145–171.
- Simons, R. L., Johnson, C., Conger, R. D., & Elder, G. H., Jr. (1998). A test of latent trait versus life course perspectives on the stability of adolescent antisocial behavior. *Criminology*, 36, 217–244.
- Spencer, M. B. (1990). Development of minority children: An introduction. *Child Development*, 61, 267–269.
- Spencer, M. B. (1995). Old issues and new theorizing about African American youth: A phenomenological variant of ecological systems theory. In R. L. Taylor (Ed.), *Black youth: Perspectives on their status in the United States* (pp. 37–69). Westport, CT: Praeger.
- Sroufe, L. A., & Fleeson, J. (1988). The coherence of family relationships. In R. A. Hinde & J. Stevenson-Hinde (Eds.), *Relationships within families: Mutual*

- influences* (pp. 27–47). New York: Oxford University Press.
- Stark, R. (1987). Deviant places: A theory of the ecology of crime. *Criminology*, 25, 893–909.
- Suicoff, C. A., & Upchurch, D. M. (1998). Neighborhood context and the risk of childbearing among metropolitan-area Black adolescents. *American Sociological Review*, 63, 571–585.
- Terr, L. (1979). Children of Chowchilla: A study of psychic trauma. *Psychoanalytic Study of the Child*, 34, 547–623.
- Terr, L. C. (1983). Chowchilla revisited: The effects of psychic trauma four years after a school-bus kidnapping. *American Journal of Psychiatry*, 140, 1543–1550.
- Turiel, E. (1997). The development of morality. In W. Damon (Ed.), *Handbook of child psychology: Vol. 3. Social, emotional, and personality development* (pp. 863–932). New York: Wiley.
- Williams, D., Yu, Y., Jackson, J. S., & Anderson, N. (1997). Racial differences in physical and mental health: Socioeconomic status, stress, and depression. *Journal of Health Psychology*, 2, 335–351.
- Wilson, W. J. (1987). *The truly disadvantaged*. Chicago: University of Chicago.
- Wilson, W. J. (1991). Studying inner-city social dislocations: The challenge of public agenda research. *American Sociological Review*, 56, 1–14.
- Wilson, W. J. (1996). *When work disappears: The world of the new urban poor*. New York: Alfred Knoff.
- Zedner, L. (1997). Victims. In M. Maguire, R. Morgan, & R. Reiner (Eds.), *The Oxford handbook of criminology* (2nd ed., pp. 577–612). New York: Oxford University Press.