

The Pennsylvania State University

The Graduate School

**WHEN YOU ARE A PERSON OF COLOR, EVERY PLACE FEELS LIKE  
STARBUCKS. THE ASSOCIATIONS BETWEEN CONTEXTUAL AND CULTURAL  
STRESSORS, INTERNAIZING SYMPTOMS, AND SOCIAL SUPPORT.**

A Thesis in

Psychology

by

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Submitted in Partial Fulfillment  
of the Requirements  
for the Degree of

Master of Science

August 2019

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### **Abstract**

The population of youth of color is rapidly increasing in the U.S. Now more than ever, it is critical to learn more about stressors that are specific to the contexts and experiences of urban minority youth and explore the possible protective resources that can ameliorate the impact stress has on youth's psychological wellbeing. The current study aims to examine the associations between contextual (i.e., neighborhood safety concerns) and cultural (i.e., discrimination experiences) stressors and psychological well-being (i.e., depressive symptoms), as well as explore social support as a protective factor using the minority stress model for three different minority groups (i.e. African American, Puerto Rican, and Dominican). Minority youth living in urban environments often encounter multiple stressors at the same time, and it is critical to learn more about how these stressors influence well-being in tandem. Results suggest that while minority youth live in similar contexts they may be experiencing stressors and social supports differently.

***List of Figures***

Figure 1. Conceptual Model 1 ..... 7

Figure 2. Safety and Support i ..... 30

Figure 3. Discrimination and Support i..... 30

***List of Tables***

Table 1. Fit Indices for Measures 1 .....	19
Table 2. Intraclass Correlation 1 .....	19
Table 3. Sample Characteristics 1 .....	21
Table 4. Descriptives for total sample 1 .....	22
Table 5. Descriptives for African Amer 1 .....	23
Table 6. Descriptive for Puerto Ricans 1 .....	23
Table 7. Descriptives for Dominicans 1 .....	24
Table 8. Multigroup Analysis 1 .....	26
Table 9 Hierarchical Regressions 1 .....	29

### *Acknowledgements*

The EAC study was funded by grants from the National Science Foundation (25-56110-F3980) and William T. Grant Foundation 2642 awarded to principal investigators of the Center for Research on Culture, Development, and Education at New York University. We thank Diane Hughes and Niobe Way (PIs for the EAC study) for sharing the data with us.

## Table of Contents

List of Figures .....	iv
List of Tables .....	v
<b><i>Introduction</i></b> .....	<b>1</b>
<b><i>Developmental Period</i></b> .....	<b>3</b>
Adolescence.....	3
<b><i>Theoretical Frameworks</i></b> .....	<b>4</b>
<b><i>Literature Review</i></b> .....	<b>8</b>
Contextual and Cultural Stressors and Depressive Symptoms in African American and Latino Youth ..	8
The Role of Social Support as a Protective Factor for Youth of Color.....	10
<b><i>The Current Study</i></b> .....	<b>12</b>
<b><i>Methods</i></b> .....	<b>14</b>
Participants .....	14
Procedure.....	15
Measures.....	16
<b><i>Analyses</i></b> .....	<b>18</b>
<b><i>Discussion</i></b> .....	<b>31</b>
<b><i>Conclusions</i></b> .....	<b>36</b>
<b><i>References</i></b> .....	<b>37</b>

## Introduction

On April 13, 2018, two young men, Donte Robinson and Rashon Nelson, went to a Starbucks in Philadelphia to meet a business partner (Seigle, 2018). While they were waiting, they were arrested for trespassing. 911 records show that the two were only in the establishment for two minutes before an employee called the police. Other patrons recorded this act of racial discrimination and posted it to social media, and they received an outpouring of support from people all over the country calling for a boycott of Starbucks. In an interview with Good Morning America, Robinson and Nelson discussed how these experiences are not uncommon for people of color in the United States (Seigel, 2018). Over 70% of African American and 50% of Latino individuals report experiencing some form of discrimination because of their race or ethnicity (Pew Research Center, 2016). Minorities experience unique stressors that are specific to their minority status, which may contribute to worse physical and mental health outcomes. The United States is entering an age – by 2020 – in which the majority of children under the age of 18 will be people of color (Vespa, Armstrong, & Medina, 2018). Gaining a greater understanding of how racial and ethnic minority status can impact child and adolescent development is critical.

As the racial-ethnic composition of the United States changes, the lived reality of minorities remains the same. Both Robinson and Nelson, similar to many minority individuals, grew up in the urban Philadelphia area. More than 30% of African American and Latino individuals live in poor urban neighborhoods compared to less than 10% of White individuals (Reeves & Kneebone 2016). Minority groups are more likely to live in neighborhoods characterized by poverty and limited access to resources like proper food, education, and job opportunities (Quillian, 2012; Reeves & Kneebone 2016). Concentrated poverty and



disadvantage is associated with higher crime rates and poorer health outcomes (Quillian, 2012). Potentially, as a consequence of their exposure to poverty and minority status, compared to their White counterparts, African American and Latino youth are also more likely to experience chronic stressors such as racial and ethnic discrimination (Williams, 2000; Howarter & Bennett, 2013). The relationship between chronic stressors and mental health problems (e.g., depressive symptoms) is significantly stronger in African Americans than other groups (Sternthal et al, 2011). Similarly, chronic stress related to discrimination among Latino youth is linked to poorer health outcomes (Anderson & Finch, 2017; Benner & Graham, 2013; Lee & Ahn, 2012; Wang, Schwartz, & Zamboanga, 2010; Zeiders, Umaña-Taylor, & Derlan, 2013).

However, being in supportive environments buffers the negative effects of stress on psychological well-being (Abada, Hou, & Ram, 2007; Riina, Martin, Gardner, & Brooks-Gunn, 2013). With the increasing diversification of the U.S.'s children, research that incorporates the risk-resilience perspective to examine both the risks minority children face and the protective factors that can promote positive development is necessary. Therefore, the current study examines the associations between contextual (i.e, neighborhood safety concerns) and cultural (i.e., discrimination experiences) stressors and psychological well-being (i.e., depressive symptoms), as well as explore social support from multiple sources as a protective factor in the face of this adversity. Below, I provide the rationale for exploring these relations during adolescence, explain the theoretical basis for this research, and review the extant empirical literature.

## Developmental Period

### *Adolescence*

During adolescence, youth may have part-time jobs, engage in romantic relationships, and take on different roles at school, in the home, and in their communities. As their worlds expand, they are more likely to encounter contextual (i.e. safety concerns) and cultural (i.e. racial discrimination) stressors, because they may spend less time in their homes with their parents and more time with peers in public spaces like shopping malls (Sellers et al., 2006). Because minority youth are more likely to live in disadvantaged communities than their White counterparts, the neighborhood contexts in which they are embedded can be particularly stressful. Neighborhood problems such as poverty and safety concerns are associated with increased psychological distress (Steptoe et al., 2001). These negative effects of neighborhood stressors are evident as early as adolescence and likely contribute to health disparities observed in adulthood (McDaniel, 2009). Moreover, as exposure to different environments increase, youth are more inclined to explore different ideological perspectives and develop their self-concept or understanding of who they are (Erikson, 1982). During this period, minority youth are likely thinking about race and ethnicity and how that fits into their self-concept. Quintana's Racial Perspective Taking theory suggests that by the time youth reach adolescence, they are at the stage of racial group consciousness in which they are able to understand the "racialized structure of society" (Quintana, 2008, p. 29). In other words, they can recognize that institutions may have implemented policies that discriminate against certain groups of people based on race and ethnicity. Additionally, racial discrimination is understood as more than an isolated incident; it is an enduring feature of their worlds (Quintana, 2008). Also, at this point, youth begin to identify with their own racial group and use words like *we* and *us* to describe the perspective of their own

racial group. As youth's self-concept of race and their awareness of others' perceptions of their race develops, they become more aware of racial discrimination (Copping, Kurtz-Costes, Rowley, & Wood, 2013). Additionally, during adolescence peer relationships become increasingly important (Greenberg, Siegel, & Leitch, 1983). Therefore, Youth may be particularly vulnerable to the negative outcomes associated with peer discrimination.

Adolescence is a critical time to explore how experiences with discrimination may contribute to psychological outcomes like depressive symptoms. Depressive symptoms in adolescence are associated with more severe pathology such as Major Depressive Disorder in adulthood (Pine, Cohen, Cohen, & Brook, 1999). Minority youth's experiences with stress and its relation to depressive symptoms cannot be understood without a theoretical foundation. The discussion below provides the theoretical grounding on which this study is built.

### **Theoretical Frameworks**

The overarching framework of this study, minority stress model, explains the associations between stress, social support, and adolescent well-being. The minority stress model describes how minority-related stressful experiences (e.g. discrimination) are associated with mental health outcomes (Pittman, Brooks, Kaur, & Obasi, 2017). The minority stress model focuses on specific stressors related to minority individuals as well as social support and coping as protective factors in the relation between minority stress and mental health outcomes (Wong, Schragar, Holloway, Meyer, & Kipke, 2014). This model has been used with different minority statuses such as African American gay men (Wong et al., 2014), and African American emerging adults (Pittman, Brooks, Kaur, & Obasi, 2017) to demonstrate that general stressors related to SES and minority-related stressors like discrimination contribute to negative outcomes. Within

this model, discrimination is measured in a general way that assesses an individual's overall experiences with discrimination. Additionally, this model has shown that social support can buffer the association between stress and depressive symptoms (Wong et al., 2014). Although other models have been applied to youth of color's experiences (e.g., Integrative Model, Garcia-Coll, et al., 1996) and the minority stress model has been less frequently applied to this population, the minority stress model is applicable and useful to investigate the unique experiences of youth of color. These groups experience minority stressors that are specific to their developmental period (e.g. racism within schools) and where they live (e.g. safety concerns). For both African American and Latino youth, the stress associated with neighborhood safety concerns and discrimination are related to depressive symptoms (Umaña-Taylor, & Derlan, 2013; Prelow, Danoff-Burg, Swenson, & Pulgiano, 2004).

While the minority stress model is tailored to understanding the range of experiences unique to minority individuals, it does not consider context. Bronfenbrenner's ecological systems theory (1977) adds to the minority stress model as it considers how risk and protective factors at multiple levels play a role in health outcomes for minority individuals. Microsystems are the most proximal settings that youth encounter such as home, school, and neighborhood. Adolescents are likely moving between these proximal environments (e.g., home, school, part-time jobs, and extracurricular activities) daily. These individual microsystems interact creating a mesosystem influence on behavior. For example, youth may experience racial discrimination within their schools, creating a cumulative effect that may be detrimental to their well-being. Protective factors like social support from people within different microsystems (e.g. parents, peers, and neighbors) can influence how youth perceive their neighborhoods (Witherspoon, Daniels, Mason, & Smith, 2016). Social support can also protect them from the negative impacts

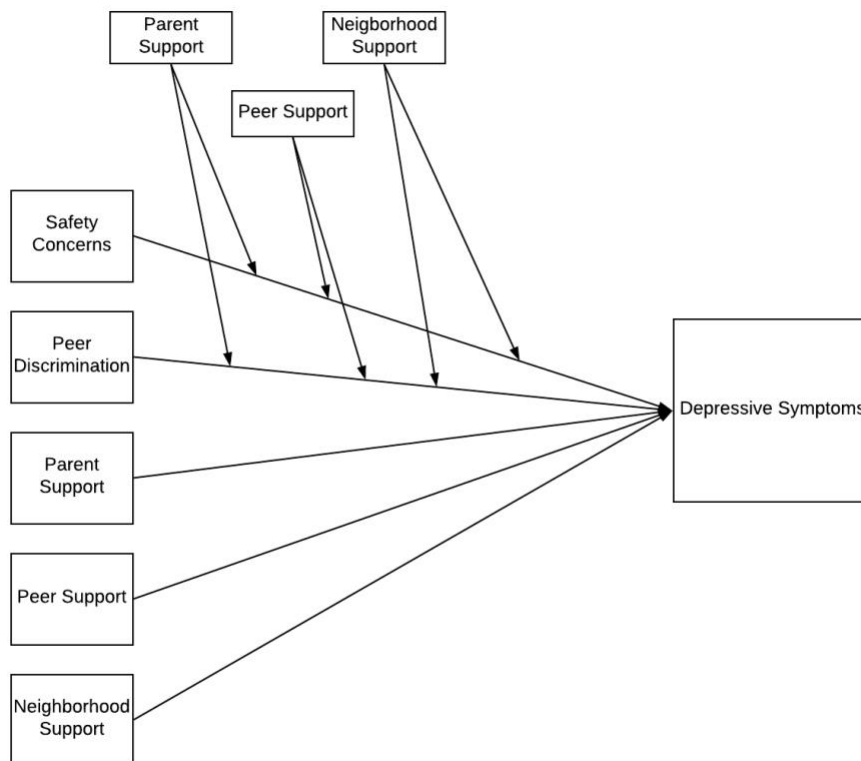
of contextual (e.g. safety concerns) and cultural stressors (racial and ethnic discrimination) (Witherspoon, et al., 2016). Using this theory, scholars assert that the development of youth cannot be understood without the consideration of the multiple contexts in which youth are embedded and their interactive influences on development.

Within their neighborhoods, youth may experience stressors and supports differently, and pluralistic neighborhood theory argues that these individual neighborhood perceptions are important (Aber & Nieto, 2000). Further, despite the challenges an individual may face (i.e. safety concerns) within their neighborhood, positive characteristics such as social support can exist within the neighborhood (Aber & Nieto, 2000). Support within the neighborhood focuses on the perception of community social networks that create a sense of reliability, accountability, and trustworthiness among neighbors (Sampson, Raudenbush & Earls, 1997). It is similar to other constructs in the literature such as social capital. Neighborhood social capital is the accessibility, support, and involvement of positive adult role models within the community for children to look up to (Plybon, et al., 2003) and has been associated with correlates of depressive symptoms and aggression (Plybon, et al., 2003; Abada et al., 2007; Rinna, et al., 2013). Youth who perceive their neighborhoods to be close-knit are more likely to have connections to their neighbors, which may mean having more access to neighborhood social support. However, some literature suggests that youth who live in close-knit communities, characterized by disadvantage, may identify so strongly with a neighborhood that they internalize the disadvantage, leading to worse outcomes (Solmi, Colman, Weeks, Lewis, & Kirkbirdie, 2017). This study will explore these two competing hypotheses.

Taken together, these theories inform the conceptualization of this study (see Figure 1). The minority stress model demonstrates that general (e.g. safety concerns) and minority-related

stress (e.g. racial and ethnic discrimination) combine to influence well-being, but that factors such as social support may lessen the negative association between stress and well-being (e.g. depressive symptoms) (Pittman, Brooks, Kaur, & Obasi, 2017). The ecological model demonstrates that risk (e.g. cultural and contextual stressors) and protective (e.g. social support) factors for youth's well-being exist within multiple contexts (Bronfenbrenner, 1977). Lastly, pluralistic neighborhood theory provides the rationale for why both stressful (e.g. neighborhood safety concerns) and positive (e.g. neighborhood support) neighborhood characteristics matter for adolescent outcomes (Aber & Nieto, 2000). Below, the current state of the literature is discussed.

Figure 1. Conceptual Model



## Literature Review

### **Contextual and Cultural Stressors and Depressive Symptoms in African American and Latino Youth**

#### *Safety Concerns*

Prior research shows that neighborhood stressors such as exposure to violence, discrimination, and poverty are associated with a number of internalizing symptoms such as depression (Steptoe et al., 2001; Williams, 2000). Racial and ethnic minorities are more likely to experience chronic neighborhood stressors such as fear of violence than their White counterparts (Steptoe et al., 2001; Williams, 2000). There is limited research that examines the role of safety concerns on Latino adolescents' well-being. Among Latino youth, neighborhood disadvantage is associated with increased internalizing problems like depression and anxiety (Rubens, Gudiño, Michel, Fite, & Johnson-Motoyama, 2018). In one study of Mexican American youth, exposure to neighborhood violence was associated with delinquency for youth who experience low levels of discrimination (Rubens et al., 2018). Although a growing body of neighborhood effects literature with Latino youth exists, there is a lack of representation of Latino ethnic groups like Dominican youth. For this study, I examine how stress related to living in urban, disadvantaged neighborhoods is related to depressive symptoms for Dominican and Puerto Rican youth.

#### *Racial and Ethnic Discrimination*

In the minority stress model, contextual and cultural stressors combine to create more of a burden on people of color. In addition to the stressors related to neighborhood, youth of color are faced with stressors related to their minority status like discrimination. Discrimination involves either overt or subtle unfair treatment attributed to one's minority status (Jones, 1972). Chronic racial and ethnic discrimination can lead to detrimental psychological health outcomes

(Chávez & French, 2007; Williams, 2003; Pascoe, 2009; Kessler, Mickelson, & William, 2009; Williams, 1997) and is seen as early as adolescence. For both African American and Latino youth, chronic discrimination throughout adolescence has been associated with greater depressive symptoms (Smith-Bynum et al., 2014; Huynh & Fuligni, 2010; Stein, Supple, Huq, Dunbar, & Prinstein, 2016; Umaña-Taylor, & Derlan, 2013; Prelow, et al., 2004; Umaña-Taylor, & Derlan, 2013). During adolescence, peer discrimination can be particularly distressing due to the importance of peer relationships at this developmental stage. Discrimination from peers is associated with worse psychological outcomes for both African American and Mexican American youth, (Benner & Graham, 2013; Cavannaugh, Stein, Supple, Gonzalez, Kiang, 2018).

#### *Racial and Ethnic Discrimination Between Racial and Ethnic Groups*

While Latino and African American youth live in similar contexts, their experiences with discrimination may vary for several different reasons. First, African American and Latino youth have different historical origins in the United States—for the most part African Americans were brought to the U.S. involuntarily as slaves, and many Latinos voluntarily came to the U.S. in the hopes of better opportunities. Second, African Americans may be more likely to report experiences of discrimination than Latino individuals because of their long history of discrimination in the U.S. Lastly, Latino youth's experiences with discrimination vary based on nativity (e.g. first generation) and level of acculturation, or level of identification with American and/or Latino cultural values (Araújo Dawson, 2009), such that those who are first generation or less acculturated to American cultural values, report less stress due to racial and ethnic discrimination (Araújo Dawson, 2009). The proposed study will not directly examine these factors, but future studies should consider these factors when exploring Latino youth's experiences with discrimination.



Additionally, often times, studies that examine Latino youth's experiences with racial and ethnic discrimination take a pan-ethnic approach, combining multiple Latino ethnic groups together. This study will examine Puerto Rican and Dominican youth separately because of the differences in their historical contexts and phenotypic characteristics. Puerto Rican individuals are born as U.S. citizens, and Dominican individuals in the U.S. are either immigrants themselves or descendants of immigrants. In addition, darker skinned Latino individuals are more likely to perceive discrimination than their lighter-skinned counterparts (Dawson et al., 2015). Dominican individuals are more likely to report discrimination experiences similar to that of African Americans, because many Dominicans have darker skin tones and are more likely to be perceived as African American compared to Puerto Ricans in the U.S. (Itzigsohn & Dore-Cabral, 2000). Much of the research that has demonstrated differences between Latino groups has been conducted with adults. Less is known about the differences between different racial and ethnic groups' experiences with discrimination during adolescence. Given the unique historical and cultural backgrounds of African American, Puerto Rican, and Dominican youth, this study aims to explore whether experiences with and perceptions of cultural and contextual stressors may be different across groups and whether these differences have implications for psychological outcomes.

### **The Role of Social Support as a Protective Factor for Youth of Color**

Although minorities are at an increased risk of stress-induced health problems, social support from peers, parents, and neighbors protect youth from negative outcomes associated with contextual and cultural stressors (Abada, et al., 2007; Riina et al., 2013). This study examines how social support from multiple sources buffers the impact of neighborhood stress and racial discrimination on youth's psychological well-being (i.e. depressive symptoms). Social support

remains a vital resource for minority families. Both Latino and African American families have a strong sense of familism, with large extended networks that include the nuclear family, friends, and neighbors ( Pallock & Lamborn, 2006). The sense of familism with neighbors or peers fosters strong bonds in these communities, creating environments in which youth may feel more comfortable seeking social support, thereby, reducing the impact of stress on their well-being.

### *Sources of Support*

Social support protects against depressive symptoms in adolescents who experience chronic stressors (Hill & Madhere, 1996). Most commonly, social support is studied by examining different sources of support (e.g. peers or parents). Peer support has been shown to be protective in the association between neighborhood stress and depressive symptoms and aggressive behaviors in African American youth (McMahon, Coker, & Parnes, 2013; Benhorin & McMahon, 2008). Parent support has been shown to protect from PTSD and depressive symptoms in African American adolescents who experience chronic stressors (Ozer & Weinstein, 2004; McMahon, et al., 2013). Similarly, having a strong support network has been associated with better ability to cope for Latino individuals who experience discrimination (Degarmo, Jr, & Degarmo, 2016). Additionally, pluralistic neighborhood theory explains that neighborhoods include factors that can promote resilience in the face of risk. Neighborhood support has been shown to buffer the link between chronic stressors and discrimination and negative health outcomes (Liang, Huo, Kennison, & Zhou, 2017; Robinette, Charles, Mogle, & Almeida, 2013; Abada, et al, 2007; Rinna, et al., 2013).

While there is a wealth of research demonstrating that social support is a protective for youth, few studies have investigated whether sources of support differentially impact youth based on the type of stressor youth may experience (i.e. neighborhood, racial discrimination).

Little is known about the extent to which the source of support matters for youth who experience both contextual and cultural stressors. In a study of African American young adults, there were no significant differences in sources of support found between youth who experienced high levels of discrimination and were at risk for alcohol use and those who were not (Metzger et al., 2017). In one study of Mexican college students, parents were rated higher on social support measures than friends and significant others, and only parent support was shown to be protective in the association between feelings of stress and depression (Raffaelli, et al., 2013). The mixed findings may be due to differences in the operationalization of stress and sample characteristics. This study delves into the nuances in the relationship between stress, social support, and depressive symptoms.

### **The Current Study**

The population of youth of color is rapidly increasing in the U.S. Now more than ever, it is critical to learn more about stressors that are specific to the contexts and experiences of urban minority youth and explore the possible protective resources that can ameliorate the impact stress has on youth's psychological wellbeing. The current study aims to examine the associations between contextual (i.e., neighborhood safety concerns) and cultural (i.e., discrimination experiences) stressors and psychological well-being (i.e., depressive symptoms), as well as explore social support as a protective factor using the minority stress model for three different minority groups (i.e. African American, Puerto Rican, and Dominican). This study has three main objectives. First, this study examines the associations among neighborhood safety, racial-ethnic discrimination, and depressive symptoms among sixth grade adolescents. This study provides a more comprehensive exploration into the associations between stress and depressive symptoms by including measures of a contextual stressor—neighborhood stress as well as a

cultural stressor—peer discrimination. Minority youth living in urban environments often encounter multiple stressors at the same time, and it is critical to learn more about how these stressors influence well-being in tandem. According to pluralistic neighborhood theory and the minority stress model, I hypothesized that youth's safety concerns and racial-ethnic discrimination will be positively associated with depressive symptoms.

Second, this study examines how social support moderates the association between stress and depressive symptoms and explores whether the source of support differentially moderates the associations between stress and depressive symptoms. Given the mixed empirical evidence and the lack of research with these populations, no specific hypotheses were made regarding the extent to which sources of support differentially moderated the association between stress and depressive symptoms. Further, given the increased importance of peer relationships during adolescence (Greenberg, Siegel, & Leitch, 1983), I hypothesized that peer support would have a greater impact on buffering the negative impact of stressors on youth well-being than parent support. For neighborhood support, although the evidence generally finds that neighborhood support is protective for youth, some data suggests that connection to one's neighborhood may have a reduced protective effect, therefore, I compare competing hypotheses (i.e., neighborhood support as protective v. neighborhood support as a risk factor) (Plybon, et. al, 2003; Abada et al., 2007; Rinna, et al., 2013; Solmi, Colman, Weeks, Lewis, & Kirkbirdie, 2017).

Third, this study explores the degree to which the associations between stress, depressive symptoms, and social support varies between African American, Puerto Rican, and Dominican youth. Often, Latinos are grouped together, but given that each group has a unique experience based on factors like immigration status and skin color, it behooves researchers to explore these groups separately. Based on prior research and phenotypic differences between racial-ethnic

groups, I hypothesized the the associations between stress, depressive symptoms, and social support will be different for Puerto Rican youth compared to African American and Dominican youth (Dawson et al., 2015; Itzigsohn & Dore-Cabral, 2000).

## **Methods**

### *Participants*

Data for this study were taken from the Early Adolescent Cohort study (EAC) (see (Witherspoon & Hughes, 2014) for more detailed information. EAC is a mixed-method, multi-informant (i.e., parents and adolescents) study examining how multiple contexts impact adolescent development from middle to high school. The EAC study includes data from two cohorts. Data of the first cohort was first collected during the spring of 2004, and the data of the second cohort was first collected during the spring of 2005. Each cohort was followed from 6<sup>th</sup> to 11<sup>th</sup> grade. The current study uses data for middle school from both cohorts at Wave1, when adolescents were at 6<sup>th</sup> grade. The EAC includes a diverse sample of adolescents from different ethnic backgrounds and has a large sample of African American and Latino adolescents across both cohorts at ( $N = 347$ ). The current sample includes 164 African American, 74 Puerto Rican, and 109 Dominican adolescents across both cohorts.

Fifty-two percent of the total sample were female. Generational status was available for 341 adolescents (98%). Among African American adolescents, 5% were first generation (youth were born abroad and at least one parent born abroad), 29% were second generation (youth were born in the U.S. with at least one foreign-born parent), and 59% were third generation (youth and both parents were all born in the U.S.). Among Puerto Rican adolescents, 8% were first generation, 46% were second generation, and 45% were third generation. Among Dominican

adolescents, 20% were first generation, 71% were second generation, and 7% were third generation.

Participants lived in 103 census tracts. Adolescent-reported mother's education level was available for 216 mothers (97% of the participants). Fifty-six percent of African American mothers completed college or beyond and 3% did not complete high school. Forty-three percent of Puerto Rican mothers completed college or beyond and 7% did not complete high school. Fifty-seven percent of Dominican mothers completed college or beyond and 9% did not complete high school. Average maternal age across groups was approximately 42 years of age (SD = 12.23). Marital status was only available for a randomly selected sample of mothers (N = 106) who participated in the qualitative part of the overall EAC study, and of this sample, 40% were married.

### *Procedure*

Participants were recruited from six public middle schools in New York City with multi-ethnic student populations. Schools were included if standardized reading and math achievement test scores were between the 25<sup>th</sup> and 75<sup>th</sup> percentiles. Students were informed about the study, and they were given parental consent forms to take home. Of those students whose parents consented, youth assented to participate in the survey data collection. Surveys were administered during class times agreed upon by the principal and teachers. Research assistants read the survey questions aloud as the sixth graders completed the survey. For a more detailed discussion of study procedures, see Witherspoon & Hughes (2014).

## *Measures*

### Safety Concerns

Safety concerns were measured using a 6-item measure, the Fear of Calamity Scale (Stevenson, 1997), that assessed the frequency of adolescent neighborhood fears (e.g. getting beaten up). Adolescents responded on a 5-point Likert scale ranging from never to everyday. The measure has demonstrated good reliability in prior studies of urban minority adolescents (Witherspoon et al., 2009;  $\alpha = .89$ ). For the current sample, the measure demonstrated good reliability,  $\alpha = .88$ . Scores were calculated as the mean of all items; higher scores indicate higher frequency of safety concerns ( $M = 1.90$ ,  $SD = .97$ ).

### Racial & Ethnic Discrimination

Perceived ethnic and racial discrimination was assessed using a 21-item measure (Way, 1997; Williams, Yu, Jackson, & Anderson, 1997) that assesses the frequency in which youth perceive their peers to treat them differently because of their race (e.g., being called names by peers because of your race or ethnicity?). The measure demonstrated good reliability,  $\alpha = .94$ . Youth responded on a 5-point Likert scale ranging from never to all the time. Studies have demonstrated its reliability with African American and Latino adolescents (Way et al., 2014). Scores were calculated as the mean of all items, with higher scores indicating greater perceived discrimination from peers ( $M = .37$ ,  $SD = .54$ ).

### Social Support

The Network of Relationships Inventory (NRI) was used to assess adolescents' perceptions of support from their mothers, fathers, and their closest friend (Furman & Buhrmester, 1985) on a 5-point scale ranging from 1 (little or none) to 5 (the most). The measure has demonstrated good reliability in prior studies of urban minority adolescents (Witherspoon et

al., 2009;  $\alpha = .92-.95$ ). Mother and Father support were averaged together as they were not significantly different from each other to create a composite parent support score. The parent ( $\alpha = .84$ ) and peer ( $\alpha = .80$ ) support scales demonstrated good reliability,. Scores were calculated as the mean of all items, and higher scores indicated greater social support (Parent,  $M = 4.42$ ,  $SD = .63$ ,  $SD = .87$ ; Peer,  $M = 3.66$ ,  $SD = .88$ ).

#### Neighborhood Support

The measure for neighborhood support is a 10-item scale that was adapted from measures of cohesion, connection, and belonging used in prior studies (Perez-Smith, Albus, & West, 2001; Seidman et al., 1995). These items assessed adolescents' perceptions of their attachment to the neighborhood. Adolescents responded to items (i.e., "I feel like I belong in my neighborhood") on a 4-point Likert-type scale ranging from not at all true to very true. The measure has demonstrated good reliability in prior studies of urban minority adolescents (Witherspoon et al., 2009;  $\alpha = .88$ ). The measure demonstrated good reliability in this sample,  $\alpha = .90$ . Scores were calculated as the mean of all items and higher scores indicated greater sense of support within the neighborhood ( $M = 2.89$ ,  $SD = .76$ ).

#### Depressive symptoms

Depressive symptoms were measured using 10 items from the Children's Depression Inventory (CDI) (Kovacs, 1992). Adolescents were asked to choose from three descriptions of 10 situations which best applied to them (e.g., "I am sad once in a while," "I am sad many times," "I am sad all the time."). Scores were rated on a 0-2 scale. The measure has demonstrated good reliability in prior studies of urban minority adolescents (Witherspoon et al., 2009;  $\alpha = .81$ ). The measure demonstrated good reliability,  $\alpha = .84$ , for the current sample. Scores were calculated as



the mean of all items with higher scores indicating higher levels of depressive symptoms ( $M = .24, SD = .32$ ).

#### Covariates

Maternal education background and youth's gender were used as covariates in all analyses as these factors are related to cultural and contextual stress and psychological outcomes for youth (Cheng, Cohen, & Goodman, 2015).

### Analyses

Preliminary analyses were conducted to examine overall data patterns. Means, standard deviations, and correlations are presented in Tables 4 through 7. Confirmatory factor analyses (CFAs) were conducted to examine the psychometric properties of the measures. Intraclass correlation (ICCs; Koch 1982) analyses were conducted to decompose variance components and determine whether multilevel modeling was necessary for the substantive analyses.

**Scale construction.** Confirmatory factor analysis was conducted to ensure the items fit for this data. The indices for a good model fit are Chi-square, Comparative Fit Index (CFI), and the Root Mean Square Error of Approximation (RMSEA). The CFI must be greater than 0.90 to suggest a good fit. The RMSEA, must be less than 0.05 to suggest a "good" fit and less than 0.08 to suggest an "acceptable" fit (Brown & Moore, 2012). For depressive symptoms, neighborhood safety concerns, neighborhood support, and peer discrimination measures, one-factor models were tested. For social support measures, two-factor models (i.e., companionship and affection) with correlated latent factors were tested. In all models, one item in each factor was set to 1. In general, most of the hypothesized models adequately fit the data (See Table 6). However, for discrimination experiences the fit was less than adequate. Yet, the measures have proven to be psychometrically reliable and valid with similar populations (Green, Way, & Pahl, 2016).

Table 1. Fit Indices for Measures 1

	$\chi^2(df)$	RMSEA	CFI
Safety Concerns	90.95(306)*	<.05	.92
Depressive Symptoms	110.80(309)*	<.05	.92
Neighborhood Support	102.79(295)*	<.05	.95
Mother Support	1239.77(98)*	<.08	.98
Father Support	2250.57(98)*	<.05	.99
Peer Support	8007.32(98)*	<.05	.98
Peer Discrimination	1712.86(189)*	<.05	.64

Note. RMSEA = root mean square error of approximation; CFI = comparative fit index; \* $p < .001$ .

**Intraclass correlation (ICC) analyses.** ICCs were performed for safety concerns, peer discrimination, neighborhood, parent, and peer supports, and depressive symptoms to determine the proportion of variance that is explained by the between-neighborhood differences (Byrne, 2012). ICCs (see table 2) of all the variables symptoms, were below 0.01, which suggested that only 1% or less of the variances was explained by the between-neighborhood variance. This would suggest that none of the variance is explained by between neighborhood differences.

Table 2. Intraclass Correlation 1

	ICC
Safety Concerns	<.01
Depressive Symptoms	<.01
Neighborhood Support	<.01
Mother Support	<.01
Father Support	<.01
Peer Support	<.01
Peer Discrimination	<.01
Adult Discrimination	<.01

**Missing Data.** Of the sample of 347 youth, data on all measures were available for 284. Youth for whom data were missing were not significantly different in any way from those for whom these data were present. Of the 347 children for whom data were available, 3 percent (n = 12) were missing data for depressive symptoms, 10 percent (n = 36) were missing data for safety concerns, 3 percent (n = 11) were missing data for peer discrimination, 2 percent (n = 6) were missing data for parent support, 6 percent (n = 22) were missing data for peer support, and 9 percent (n = 31) were missing data for neighborhood support. Full information maximum likelihood (FIML) in Mplus 7.4. was used to address the missing data and to avoid the sample size reduction that would result from listwise deletion of participants with missing data. FIML estimates model parameters and standard errors using all available data and has been shown to provide more accurate estimates of regression coefficients and variance than listwise deletion (Enders, 2001).

**Descriptive and correlational analysis.** For the total sample, safety concerns were positively associated with peer discrimination and depressive symptoms (see Table 2). Safety concerns were negatively associated with neighborhood support and parent support. Additionally, peer discrimination was positively associated with depressive symptoms. Depressive symptoms were negatively associated with neighborhood support and parent support. Tables 4-7 break down these analyses by racial-ethnic group. Based on these analyses the appear to be differences between racial and ethnic groups.

Table 3. Sample Characteristics 1

	African American		Puerto Rican		Dominican	
	Cohort 1	Cohort 2	Cohort 1	Cohort 2	Cohort 1	Cohort 2
	%	%	%	%	%	%
Girls	53	61	49	56	50	54
First Generation	8	1	12	3	14	24
Second Generation	25	35	48	46	72	72
Third Generation	59	62	40	52	14	4
Maternal Education (HS) <sup>a</sup>	2.2	4	7	6	11	9
Maternal Education (BA) <sup>b</sup>	59	51	39	49	47	62
Marital Status <sup>c</sup>	44	30	--	44	40	48

Note a. Less than high school diploma. Note b. bachelor's degree and beyond. Note c. Married

Table 4. Descriptives for total sample 1

Variables	1	2	3	4	5	6	7	8
1. Safety Concerns	--							
2. Peer Discrimination	.18**	--						
3. Parent Support	-.15*	-.05	--					
4. Peer Support	.03	<.01	.24**	--				
5. Neighborhood Support	-.17*	-.05	.17**	.08	--			
6. Gender	.03	.02	-.02	-.32**	.05	--		
7. Maternal Education	-.11*	.03	.11*	<.01	.16**	<.01	--	

8. Depressive Symptoms	.25**	.23*	-.27**	-.12*	-.18**	-.14**	-.14*	--
<i>Mean</i>		.75	4.21	3.64	2.86	.48	3.18	.24
<i>SD</i>		.46	.62	.88	.75	.50	.99	.32

Note. \*  $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ ; †  $0.05 < p < 0.1$

Table 5. Descriptives for African American Youth 1

Variables	1	2	3	4	5	6	7	8
1. Safety Concerns	--							
2. Peer Discrimination	.10	--						
3. Parent Support	-.15	-.01	--					
4. Peer Support	-.11	-.02	.23**	--				
5. Neighborhood Support	-.16	-.02	.25	-.01	--			
6. Gender	.01	-.09	<.01	-.26**	.09	--		
7. Maternal Education	-.04	-.03	.01	.07	.15	-.01	--	
8. Depressive Symptoms	.28**	.09	-.33**	-.10	-.08	-	-.10	--
<i>Mean</i>	1.95	.82	4.20	3.71	2.87	.49	3.27	.20
<i>SD</i>	.97	.51	.66	.82	.76	.50	.91	.24

Table 6. Descriptive for Puerto Rican Youth 1

Variables	1	2	3	4	5	6	7	8
1. Safety Concerns	--							
2. Peer Discrimination	.20	--						
3. Parent Support	-.06	-.03	--					
4. Peer Support	.20	.11	.17	--				
5. Neighborhood Support	-.12	<.01	.29*	.21	--			
6. Gender	.07	.03	.01	-.37**	.01	--		
7. Maternal Education	-.09	.21	.03	.02	.16	.04	--	
8. Depressive Symptoms	.13	.29*	-.25*	-.11	-.22	-	-.13	--
<i>Mean</i>	1.96	.72	4.19	3.57	2.84	.49	3.00	.32

<i>SD</i>	.94	.41	.60	1.0	.80	.50	1.01	.42
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*Note.* \*  $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ ; †  $0.05 < p < 0.1$

Table 7. Descriptives for Dominican Youth 1

Variables	1	2	3	4	5	6	7	8
1. Safety Concerns	--							
2. Peer Discrimination	.28**	--						
3. Parent Support	-.15	-.15	--					
4. Peer Support	.06	-.10	.32**	--				
5. Neighborhood Support	-.20*	-.14	.09	.09	--			
6. Gender	.04	.21	-.07	-.35**	-.05	--		
7. Maternal Education	-.22*	-.02	.20*	-.10	.17	<.01	--	
8. Depressive Symptoms	.31**	.47**	-.26**	-.14	-.26**	-.04	-.15	--
<i>Mean</i>	1.78	.68	4.24	3.59	2.89	.48	3.16	.23
<i>SD</i>	.97	.40	.58	.87	.70	.50	1.07	.33

*Note.* \*  $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ ; †  $0.05 < p < 0.1$

### *Hierarchical Regression analyses*

FIML in Mplus 7.4 was used to examine the unique contribution of each of the predictors to youth's reports of depressive symptoms in different models (see Table 9). Models 1 through 4 examined the variables of interest with the full sample. Models 1 through 4 were then examined using multigroup analysis between African American, Puerto Rican, and Dominican youth.

*Model 1 Contextual and Cultural Stressors.* In model 1, both safety concerns  $b = .20$  (.07) and peer discrimination,  $b = .69$  (.21) were positively associated with youth's depressive symptoms after controlling for maternal education and gender. Boys reported fewer depressive symptoms than girls,  $b = -.10$  (.03). As maternal education increased, youth's depressive symptoms decreased,  $b = -.05$  (.02). Youth whose mothers had more education reported more depressive symptoms. *Model 2 Social Supports.* After accounting for the covariates, safety concerns, and peer discrimination, parent,  $b = -.10$  (.03), and peer support,  $b = -.05$  (.02), were negatively associated with decreased depressive symptoms, such that as support from these individuals increased, depressive symptoms decreased. Neighborhood support was unrelated to youth's depressive symptoms.

*Model 3 Interactions between Safety Concerns and Social Supports.* Model 3 included the interaction of safety concerns and by each type of support (i.e. parents, peers, neighborhood). Each interaction was added sequentially. There were no significant interactions between safety concerns and social support from any source for the full sample. *Model 4 Interactions between Peer Discrimination and Social Supports.* Model 4 included the interaction of peer discrimination by each type of support. Each interaction was added sequentially. Similarly, there were no significant interactions between peer discrimination and social support from any source



for the full sample. These findings suggest that social support does not buffer the association between stress and depressive symptoms for the full sample. Due to the number of tests, the alpha was set to .01.

Table 8. Multigroup Analysis 1

	$\chi^2(df)$	RMSEA	CFI
Model 1	8.50(10)*	<.05	1.00
Model 2	37.70(25)*	<.05	.93
Model 3	33.83(24)*	.06	.92
Model 4	47.17(34)*	.06	.90

Note. RMSEA = root mean square error of approximation; CFI = comparative fit index; \* $p < .001$ .

### *Multigroup Analyses*

Independent SEM (structural equation modeling) analyses for each racial/ethnic group showed adequate model fit for African American ( $\chi^2(5) = 7.21, p > .05, CFI = .93, RMSEA = .05$ ), Puerto Rican ( $\chi^2(5) = 6.64, p > .05, CFI = .92, RMSEA = .07$ ), and Dominican ( $\chi^2(5) = 9.31, p > .05, CFI = .92, RMSEA = .08$ ). Given that the data from each racial group showed adequate fit to the model, a series of multigroup CFA were conducted to examine structural invariance across groups. The first multigroup model estimated all factor loadings and covariances freely across groups to establish a base model. Results indicated that the freely estimated model was a good fit ( $\chi^2(15) = 23.16, p > .05, CFI = .90, RMSEA = .07$ ). The second model, holding all factor loadings equal across groups, showed a poor fit ( $\chi^2(37) = 89.64, p < .05, CFI = .48, RMSEA = .11$ ). A chi square difference test showed the freely estimated model was significantly different from the constrained model, suggesting that the coefficients may vary by race/ethnicity, and the groups should not be treated as equal. Using the constrained model, the

parameters were relaxed to allow intercepts, factor loadings, stressors (i.e. safety concerns, peer discrimination), and social supports to be freely estimated while covariates and social supports were forced to be equal across groups which showed a good model fit ( $\chi^2(31) = 39.04, p > .05$ , CFI = .93, RMSEA = .05) (see Table 8). Models 1 through 4 were then examined using multigroup analyses and due to the number of tests, the alpha was set to .01.

*Model 1 Contextual and Cultural Stressors.* The first model included covariates (i.e. Gender, Maternal Education), and stressors (i.e. safety concerns, peer discrimination (see Table 9). Gender and maternal education were constrained to be equal across groups. For African American youth safety concerns,  $b = .07 (.02)$ , were significantly positively associated with depressive symptoms, and peer discrimination was unrelated to depressive symptoms. The inverse was shown for both Puerto Rican and Dominican groups. Peer discrimination (Puerto Rican  $b = .32 (.12)$ ; Dominican  $b = .38(.07)$ ) was significantly associated with increased depressive symptoms. Safety concerns were unrelated to depressive symptoms for both Puerto Rican and Dominican youth. This suggests that safety concerns may be more distressing for African American youth while peer discrimination may be more distressing for Latino youth.

*Model 2 Social Supports.* The second model included each source of support. For African American youth, parent support was significantly negatively associated with depressive symptoms,  $b = -.10 (.03)$ . For Dominican youth, neighborhood support was negatively related to depressive symptoms,  $b = -.07 (.04)$ . Peer support was unrelated to youth's depressive symptoms. For Puerto Rican youth, no source of support was related youth's depressive symptoms.

*Model 3 Interactions between Safety Concerns and Social Supports.* For model 3, each interaction was added sequentially (see Table 9). There were no significant interactions between

safety concerns and social support from any source of support for African American youth and Puerto Rican youth. There was a significant interaction between safety concerns and neighborhood support for Dominican youth,  $b = -.10 (.04)$ ,  $p < .01$ . After probing the interaction, the slope for one standard deviation below the mean is significant,  $p < .01$ , but the higher threshold was not significant (see Figure 2). For individuals who report their neighborhoods as less supportive there is a stronger association between safety concerns and depressive symptoms. While those who live in more cohesive neighborhoods seem to fare better.

*Model 4 Interactions between Peer Discrimination and Social Supports.* For model 4 each interaction was added to the model one by one (see Table 9). There were no significant interactions between peer discrimination and social support from any source of support for African American youth and Puerto Rican youth. There was a significant interaction between peer discrimination and neighborhood support for Dominican youth,  $b = -.32 (.09)$ ,  $p < .01$ . After probing the interaction, neither of the slopes were significant. However, the interaction suggests that for youth who live in more supportive neighborhoods, peer discrimination is negatively associated with depressive symptoms (see Figure 3).

Table 9 Hierarchical Regressions 1

	Full Sample			African American			Puerto Rican			Dominican		
	<i>b</i> ( <i>SE</i> )	<i>B</i>	$\Delta R^2$	<i>b</i> ( <i>SE</i> )	<i>B</i>	$\Delta R^2$	<i>b</i> ( <i>SE</i> )	<i>B</i>	$\Delta R^2$	<i>b</i> ( <i>SE</i> )	<i>B</i>	$\Delta R^2$
<b>Model 1. Stressors</b>			.14			.15			.12			.29
Gender	<b>-.10(.03)**</b>	-.15		<b>-.11(.03)***</b>	-.22		<b>-.11(.03)***</b>	-.13		<b>-.11(.03)***</b>	-.16	
Maternal Education	<b>-.04(.02)*</b>	-.13		<b>-.04(.02)*</b>	-.13		<b>-.04(.02)*</b>	-.09		<b>-.04(.02)*</b>	-.12	
Safety Concerns	<b>.07(.02)***</b>	.21		<b>.07(.02)***</b>	.27		.03(.07)	.06		.05(.03)	.12	
Peer Discrimination	<b>.15(.04)***</b>	.21		.02(.04)	.05		<b>.32(.12)**</b>	.31		<b>.38 (.07)***</b>	.46	
<b>Model 2. Social Support</b>			.20			.22			.22			.35
Parent	<b>-.09(.03)***</b>	-.19		<b>-.10(.03)***</b>	-.26		-.12(.08)	-.17		-.06(.05)	-.17	
Peer	<b>-.05(.02)*</b>	-.14		-.02(.02)	-.07		-.07(.05)	-.16		-.05(.02)	-.12	
Neighborhood	-.03(.02)	-.08		-.01(.03)	-.03		-.07(.06)	-.14		-.07(.04)	-.15	
<b>Model 3. Safety Concerns X Support</b>												
SafetyXParent	-.04(.02)	.09	.21	-.04(.02)	-.13	.23	.05(.11)	.06	.16	<b>-.10(.05)*</b>	-.16	.36
SafetyXPeer	.02(.02)	.05		.01(.02)	.02	.23	<b>.15(.06)*</b>	.33	.27	<b>-.06(.03)*</b>	-.16	.41
SafetyXNeighbor	.02(.02)	.08	.23	.03(.03)	.06	.23	<b>.14(.07)*</b>	.27	.39	<b>-.10(.04)**</b>	-.26	.44
<b>Model 4. Discrimination X Support</b>												
Discrimination XParent	.07(.05)	.07	.21	.05(.04)	.09	.24	.45(.25)†	.21	.25	-.23(.12)†	-.15	.38
Discrimination XPeer	.06(.04)†	.10	.22	<.01(.03)	.01	.23	.05(.17)	.05	.25	<b>.22(.11)*</b>	.20	.40
Discrimination XNeighbor	-.07(.05)	-.08	.23	-.01(.06)	-.01	.25	.16(.17)	.14	.26	<b>-.32(.09)**</b>	-.26	.43

Note. *b* = unstandardized betas; *B* = standardized betas; \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$ ; †  $0.05 < p < 0.1$

Figure 2. Safety concerns, neighborhood support, and depressive symptoms among Dominican Youth i

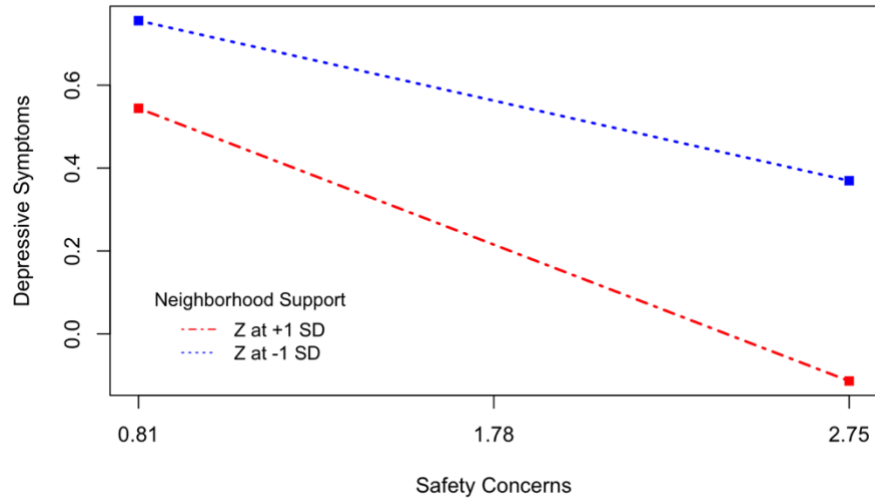
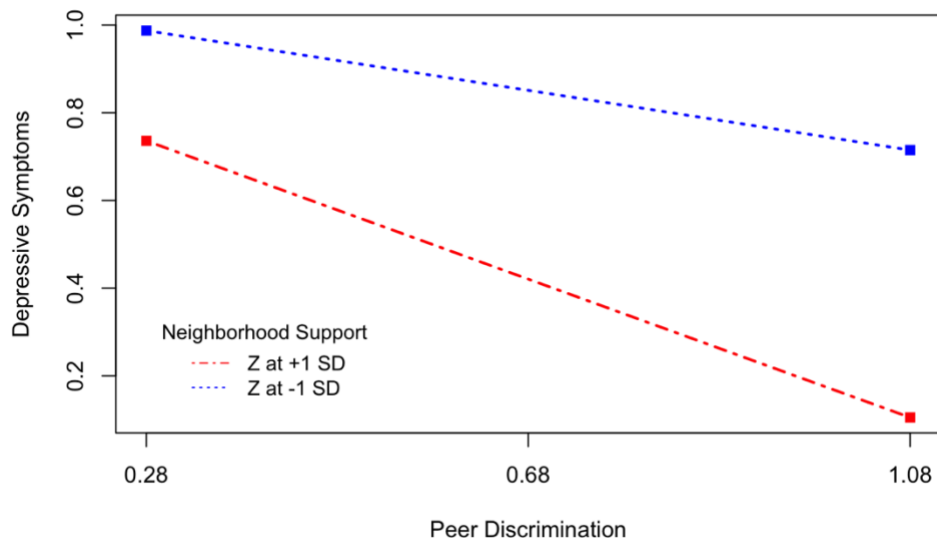


Figure 3. Peer discrimination, neighborhood Support, and Depressive symptoms among Dominican Youth i



## Discussion

Using the minority stress model, this study examined the associations among cultural and contextual stressors, social support from multiple sources, and youth depressive symptomatology for African American, Puerto Rican, and Dominican youth. This study extends the minority stress model by taking into account stressors that are specific to minority youth (e.g. peer discrimination) and the contexts they live in (e.g. safety concerns). Drawing from the ecological systems theory and pluralistic neighborhood theory this examined the potential buffering effects of social support by context (e.g. parents, peers, neighbors) in the association between stress and depressive symptoms. Lastly, this study explored whether the experiences of stress and support were differentially related to depressive symptoms by race and ethnicity.

The first aim of this study examined the unique contribution of youth's safety concerns, and their perceptions of peer discrimination for the total sample. In line with much of the literature, safety concerns were associated with increased depressive symptoms (Rubens, Gudiño, Michel, Fite, & Johnson-Motoyama, 2018;). Additionally, given this critical developmental period, as expected, peer discrimination was associated with more distress due to the increased importance of peers during adolescence (Smith-Bynum et al., 2014; Huynh & Fuligni, 2010; Stein, Supple, Huq, Dunbar, & Prinstein, 2016; Umaña-Taylor, & Derlan, 2013). Much of the existing literature examines these stressors alone. This supports the minority stress model framework to show that youth of color are experiencing multiple stressors at the same time that impact their mental health. Many youth of color live in urban environments in which they are likely to experience contextual stress, and as people of color navigating this world they

are likely to perceive cultural stressors. This study examined both of these stressors together because more than likely youth of color are not experiencing their worlds one stressor at a time.

Following ecological systems theory, the second aim of this study examined the role of social support from parents, peers, and neighbors on depressive symptoms for the total sample (Bronfenbrenner, 1977). As hypothesized and consistent with much of the literature, social support from parents and peers was associated with less depressive symptoms (Riina, Martin, Gardner, & Brooks-Gunn, 2013). Additionally, neighborhood support alone was unrelated to youth's depressive symptoms. This suggests that even though youth may spend more time in their neighborhoods and outside of the home, parents and peers are still important contributors to adolescents' wellbeing. Neither of the neighborhood support hypotheses were supported for the full sample. The first, neighborhood support as protective which suggests that youth who are connected to their neighborhood will have more favorable outcomes, and the second, neighborhood support as a risk factor that implies the opposite. This does not mean that youth are not receiving support from neighbors; on average youth report feeling close to their neighbors. Parents and peers may be more important for youth's depressive symptoms because they are more proximal sources of support, whereas neighborhood support may not be an immediate source of support. In this study, youth were not asked about who they are with when they are experiencing stress or who they may seek out or receive social support from when in distress. This sample of 6<sup>th</sup> graders likely spend more time with their peers and parents and may even experience stress in the presence of their peers and parents, and therefore may be more likely to receive support from parents and peers more consistently. Additionally, the measure of neighborhood support was slightly different than the measures of support for parents and peers. Neighborhood support captured youth's perceptions of cohesion and trust within their

neighborhood and parent and peer support captured feelings of companionship and affection. Companionship and affection may be more important for youth's depressive symptoms because they are more tangible aspects of social support while cohesion and trust are more abstract. The third aim of this study examined the interactions between cultural and contextual stressors and social support from different sources to determine whether different sources of support differentially moderate different types of stressors. There were no significant interactions for the total sample, suggesting that social support does not protect or buffer the associations between stress and depressive symptoms. This finding is contrary to what is found in the literature and may be due to the fact that the overall sample reported relatively low levels of depressive symptoms (Abada, Hou, & Ram, 2007; Riina, Martin, Gardner, & Brooks-Gunn, 2013). This may be a function of age, as younger adolescents of color are only starting to become more aware and gain a greater understanding of the racial and structural inequalities that exist in the their worlds, and as they age this may have a greater impact on their mental health (Quintana, 2008; Greene, Way, & Pahl, 2006).

Lastly, this study explored whether there were differences between African American, Puerto Rican, and Dominican youth in their experiences with stress and social support. As hypothesized, some differences were found between racial-ethnic groups. For African American youth, safety concerns were significantly associated with depressive symptoms, whereas, peer discrimination did not matter for this group. For both Puerto Rican and Dominican youth, peer discrimination was significantly related to youth's depressive symptoms whereas, safety concerns, did not seem to matter as much. Restated, there appears to be varying stressors for African American and Latino youth – for African American youth it is a contextual stressor; for Latino youth, it is a cultural stressor. This is contrary to my hypothesis that African American



and Dominican youth would be more similar based on the possible shared phenotypic characteristics like skin color. This contrast between African American and Latino youth may be due to Latino individuals being perceived as more foreign due to cultural factors like language and acculturation (Zhou & Cheryan, 2017) than African Americans and may be subjected to more discrimination from their peers (Rosenbloom & Way, 2004). Additionally, perhaps the Puerto Rican and Dominican youth attend more diverse schools in which they are more likely to experience discrimination from peers. Some literature suggests that living in neighborhoods and with people from different racial and ethnic backgrounds than one's own is associated with more perceived discrimination (White, Zeiders, Knight, Roosa, & Tein, 2014). Additionally, interactions between stressors and supports were associated with depressive symptoms among only Dominican youth. Among Dominican youth, for those who reported lower levels of neighborhood support, there was a significant positive association between peer discrimination and depressive symptoms. There was no significant association between peer discrimination and depressive symptoms for those living in highly supportive neighborhoods. This is consistent with much of the literature and supports the neighborhood hypothesis that states that feeling connected to one's neighborhoods may be a buffer against depressive symptoms in the face of stress (Liang, Huo, Kennison, & Zhou, 2017; Robinette, Charles, Mogle, & Almeida, 2013; Abada, et al, 2007; Rinna, et al., 2013). Additionally, given that this sample is in New York City, it is important to consider that at the time of data collection compared to Puerto Rican and African American groups, Dominicans had a smaller presence in New York City (Bergad, 2014). Dominican neighborhood support may be particularly important in the face of safety concerns and peer discrimination because the surrounding neighborhoods may be more diverse than those

of Puerto Rican and African American youth. Neighborhood support may be more important for Dominican youth because their neighborhoods may be their only safe haven.

### **Limitations and Future Directions**

As with all studies, this study had its limitations. First, this study was cross-sectional and was only able to examine these associations in Grade 6. Future studies should examine cultural and contextual stressors as well as social supports over time to see if these patterns change or remain stable throughout adolescence, and to be able to make conclusions about directionality of effects. As adolescents age they become more aware of their own race and ethnicity as well as the structural inequalities that exist for people of color in the United States (Quintana, 2008). Additionally, this study only used subjective reports of neighborhood safety and did not consider neighborhood structural characteristics like crime and disorder. Future studies should consider these characteristics as they have been shown to influence youth's health outcomes (Quillian, 2012). Additionally, structural characteristics like racial-ethnic composition of neighborhoods and schools were not considered in this study. Youth who have to navigate spaces that are more ethnically diverse may be more likely to experience peer discrimination (White, Zeiders, Knight, Roosa, & Tein, 2014). This study only included of peer discrimination; however prior research has shown that you experience discrimination from adults in various contexts (Patcher, Bernstein, Szalacha, & Coll, 2010). Also, this study did not have any cultural variables like acculturation and was not able to make any definitive conclusions about potential reasons for differences between race and ethnicity. Latino youth's experiences with discrimination have been shown to vary based on nativity (e.g. first generation) and level of acculturation, or level of identification with American and/or Latino cultural values (Dawson & Fenster, 2009), such that those who are first generation or less acculturated to American cultural values, report less stress

due to racial and ethnic discrimination (Dawson et al., 2009). Future studies should consider these factors when exploring Latino youth's experiences with discrimination. Lastly, this study was done with adolescents living in New York City. New York City is a diverse urban area with many different cultures, and these findings may not be generalizable to less diverse urban cities. Minority youth living in less diverse cities may be more vulnerable to cultural stressors like discrimination. Future studies should examine cultural and contextual factors in other urban spaces with varying degrees of racial and ethnic diversity.

### **Conclusions**

Taken together, this study makes a few contributions to the larger literature. First, youth of color living in urban areas experience multiple stressors, and these stressors should be examined together to understand their lived experiences. Second, despite youth of color living in similar contexts, some stressors matter more than others depending on race and ethnicity. Third, it is important to take into account that stress from multiple contexts can interact with supports from different contexts to differentially influence youth's outcomes. Lastly, each of the racial and ethnic groups in this study had their own unique patterns providing evidence to show that these stressors and supports are differentially experienced and have different implications for youth's depressive symptoms. In sum, given the increasing diversification of the United States it is imperative that research incorporates culturally informed frameworks such as the minority stress model to consider the unique experiences of youth of color and how these experiences influence adolescent outcomes.

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