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RESILIENCY AND RISK
AMONG YOUNG PEOPLE OF COLOR

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"THE URBAN COALITION'S MISSION IS TO INCREASE THE CAPACITY OF LOW-INCOME, AFRICAN AMERICAN, AMERICAN INDIAN, ASIAN AND CHICANO/LATINO PERSONS AND COMMUNITIES TO ADDRESS POLITICAL, SOCIAL AND ECONOMIC CONCERNS WHICH THEY IDENTIFY."

Founded in 1968, the Urban Coalition is a non-profit organization that pursues its mission through research, public policy, technical assistance, advocacy and capacity-building. In recent years, the Coalition has focused on education, employment, food and hunger, health, and race relations issues, although it may become involved in other issues as they arise. In the spirit of true coalition, it is involved in multiple partnerships and collaborations with other organizations in the community.

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REPORTS

Profiles of Change: Communities of Color in the Twin Cities Area, August, 1993

Minnesota County Poverty and Housing Statistics, 1980-1990, September, 1992

Hidden Dreams, Hidden Lives: New Hispanic Immigrants in Minnesota, September, 1992

Race, Prejudice and Health Care: The Lessons of the Tuskegee Syphilis Experiment, and Critical Condition: African Americans in the Health Care System, a summary of two health care conferences held in June, 1991 and March, 1992 [co-sponsored with the Illusion Theater and the Center for Biomedical Ethics at the University of Minnesota]

Hunger Hurts: How Government and the Economy Are Failing Minnesota Families, February, 1991

Prenatal Care Among Hispanic Women in St. Paul, February, 1991

The Next Generation: The Health and Well-Being of Young People of Color in the Twin Cities, January, 1990, reprinted October, 1992

Empty Promises: Childhood Hunger in Hennepin County and the Challenge to Public Policy, January, 1990

SERIES AND NEWSLETTERS

Minnesota Food Shelf Use (An annual report, 1986 to present)

Census Analysis Update (quarterly newsletter of the Urban Coalition Census Project)

EXECUTIVE SUMMARY

In 1990, the Urban Coalition published *The Next Generation*, a portrait of the health and well-being of African American, American Indian, Asian, Chicano/Latino and white adolescents from Minneapolis and St. Paul. The report used data obtained from the University of Minnesota's Adolescent Health Survey, in which 13,000 7th-12th graders from the two cities responded to questions about physical health, emotional stress, worries and concerns, chemical use, sexual behavior, family and community relationships and other subjects.

This report uses the same rich database to explore "resiliency," the capacity of young people to thrive, to be emotionally healthy, and to avoid destructive behavior in spite of very difficult circumstances. Using statistical analysis, this study seeks to identify the factors and life experiences that *uniquely* contribute to emotional well-being and avoidance of damaging behavior.

Three outcome variables representing feelings as well as behavior were selected for the analysis: emotional stress, suicide risk, and delinquency. Since one purpose of the study was to see if different dynamics were at work in each community, the analysis was done separately for each racial/ethnic group.

EMOTIONAL STRESS

The study found that three factors made significant contributions to increasing emotional stress in all five racial/ethnic groups. Adolescents who said that they were bored ("nothing interesting to do"), who had negative feelings about their bodies, and who were worried about violence (whether at home, in the neighborhood, at school or in the country at large) were much more likely to have high emotional stress.

Strong family connectedness, on the other hand, reduced emotional stress in all five racial/ethnic groups. Young people who said they had lots of fun with their families and who felt that their families cared about them and understood them reported much less emotional stress.

Other factors made significant contributions in some communities but not others. Previous experiences of physical abuse was related to higher emotional stress in most but not all racial/ethnic groups. Likewise, strong connections with adults and friends outside the family helped reduce emotional stress in some communities.

SUICIDE RISK

The study found that in all five racial/ethnic groups, high emotional stress was the most powerful factor leading to greater risk of suicide. Perhaps not surprisingly, students experiencing high emotional stress were much more likely to report suicidal thoughts or previous suicide attempts. Another factor linked to suicide risk in all racial/ethnic

groups was recent serious mental health or emotional problems within the family. Suicide risk was significantly greater among youth who said that someone in their family had recently experienced serious mental health or emotional problems or had received treatment for them.

In some racial/ethnic groups, but not all, suicide risk was also greater among young people who had experienced physical abuse, who had certain chronic physical health problems, and who expressed an unwillingness to seek help from anyone about emotional or relationship concerns. An unexpected finding was that American Indian students who were doing well in school reported suicidal thoughts or attempts more often than those not doing well in school.

On the other hand, in the American Indian and Chicano/Latino communities, religiosity or spirituality appeared to reduce suicide risk significantly. Those who considered themselves to be a religious or spiritual person were much less likely to report suicidal thoughts or attempts.

DELINQUENCY

The results for the delinquency outcome variable were less helpful than the results for emotional stress and suicide risk. Two of the most powerful contributors to lower levels of delinquent activity were demographic variables —gender and age. Adolescent girls were much less involved in delinquent behavior than boys, and older students were less involved than younger students. The study did not indicate, however, what it is about being female or being older that leads to less delinquency.

In some racial/ethnic groups, chemical use by parents (tobacco, alcohol, marijuana and other drugs) and the presence of recent mental health or emotional problems in the family appeared to contribute to higher delinquency. Youths with certain chronic physical health problems were also more likely to be delinquent in some communities.

Factors that contributed to less involvement in delinquent behavior in some communities included willingness to turn to parents for help with emotional or relationship problems and strong family connectedness.

CONCLUSION

Although the results of the analysis were not always the same for each racial/ethnic group, it is important to note that many of the factors identified as having an impact were linked to personal relationships and to the adolescent's sense of belonging. Strong family connections was a universal factor helping to reduce emotional stress. In some communities, caring relationships with people outside the family also helped reduce emotional stress, and being able to turn to parents for help was associated with lower delinquency. Conversely, mental and emotional problems among other family members, physical abuse, and having no one to turn to for help seemed to contribute to greater stress or destructive behavior. Addressing this fundamental adolescent, and human, need for caring relationships and belonging should be an integral feature of public policies, programs and interventions on behalf of youth.

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INTRODUCTION

Some adolescents feel high levels of emotional distress and/or engage in behavior that may be damaging to themselves or others, such as drug and alcohol use, drinking and driving, attempting suicide, unprotected sexual activity, delinquency, and so forth. Yet, other young people feel much less stress and rarely engage in risky or damaging behavior. What accounts for these different kinds of experiences during adolescence? One of the challenges we face in developing policies and programs for young people is to understand what factors contribute to their physical, mental and emotional health. In particular, what contributes to "resilience," the ability of some young people to thrive and avoid high-risk behavior despite facing very difficult circumstances?

These questions are of great importance to American Indian, African American, Asian and Chicano/Latino young people, who often must grow up not only in very low-income families but also with messages from the larger culture that tear away at their confidence and self-worth. By most measures, the pressures are becoming greater. The number of children of color growing up in very low-income families in Minneapolis and St. Paul soared between 1979 and 1989.[1] (See Table 1) Deteriorating prospects for higher education and good jobs weigh heavily on many young people.[2] Too many children of color are not doing well in school.[3] Neighborhood safety is a growing concern. What can be done, then, to help young people deal with and overcome such adversity?

CHAPTER ONE

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[1] *Profiles of Change: Communities of Color in the Twin Cities Area*, published by the Urabn Coalition in 1993, contains social and economic census data on communities of color in the seven county metropolitan area. Data is presented separately for Minneapolis, St. Paul, the suburbs, and the region as a whole. Copies are available from the Coalition by writing to 2610 University Avenue West, Suite 201, St. Paul, MN 55114 or by calling 612-348-8550.

[2] Among the many reports on the economic realities facing young adults are: *Vanishing Dreams: The Growing Economic Plight of America's Young Families,* by the Children's Defense Fund (1988); and *The Forgotten Half: Pathways to Success for America's Youth and Young Families,* by the William T. Grant Foundation (1988).

[3] The best recent report on students of color in the Minneapolis and St. Paul school systems is *Children of Color: A Wake-Up Call to the Community* (1993). Copies are available through the Communities of Color Institute, 1501 Hennepin Avenue South, Minneapolis, MN 55403. (Phone: 612-373-2797)

TABLE 1: POVERTY RATE FOR CHILDREN — 1979-1989

MINNEAPOLIS	1979	1989	CHANGE IN PERCENTAGE POINTS	ST. PAUL	1979	1989	CHANGE IN PERCENTAGE POINTS
AFRICAN AMERICAN	38.5%	53.9%	15.4	AFRICAN AMERICAN	33.7%	54.2%	20.5
AMERICAN INDIAN	48.9%	66.3%	17.4	AMERICAN INDIAN	24.3%	46.4%	22.1
ASIAN	49.0%	55.8%	6.8	ASIAN	57.1%	68.9%	11.8
CHICANO/LATINO	31.3%	40.6%	9.3	CHICANO/LATINO	24.3%	30.2%	5.9
WHITE	10.3%	12.9%	2.6	WHITE	9.9%	11.8%	1.9
TOTAL POPULATION	18.0%	30.6%	12.6	TOTAL POPULATION	14.4%	26.9%	12.5

Source: *Profiles of Change: Communities of Color in the Twin Cities Area,* Urban Coalition, 1993, p. 17.

PURPOSE

The purpose of this study is to take advantage of survey data on urban youth to answer two questions:

1. What are the factors and life experiences that uniquely contribute to emotional well-being and help young people avoid involvement in high-risk or damaging behavior?

2. Are different dynamics at work in each community of color? Do we find that the same factors and life experiences affect high-risk behavior in each community, or are there significant differences from one community to another?

This study builds upon the findings of an earlier Urban Coalition report, *The Next Generation,* which provided a portrait of the health and well-being of young people of color in Minneapolis and St. Paul.[4] Both studies are based on data obtained from the University of Minnesota's Adolescent Health Survey, which involved about 13,000 American Indian, African American, Asian, Chicano/Latino and white 7th-12th grade students in the two cities.

The earlier report was descriptive. It showed how prevalent certain worries, attitudes and behaviors are among adolescents, it described patterns, and it pointed out where young people of different racial/ethnic groups differed from one another and where they converged. The current study is explanatory. It uses the same large, rich database to take the analysis one step further by finding the factors that seem to have the greatest independent effect upon emotional stress and destructive behavior.

METHOD OF THE STUDY

The method used to find the most important explanatory factors relies heavily on statistical analysis. The Adolescent Health Survey contained no open-ended questions and no individual "stories," and therefore the data are lacking in that personal dimension through which students could describe and explain their thoughts and feelings in their own words. But it did contain hundreds of carefully-worded multiple-choice questions covering a wide range of physical, mental and emotional health concerns, including body image, stress, suicide risk, worries and concerns, chemical use, risky behaviors, school experiences and family relationships. The size and the breadth of coverage of the Ado-

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[4] *The Next Generation: The Health and Well-Being of Young People of Color in the Twin Cities,* Urban Coalition, January, 1990, reprinted October, 1992. Copies available from the Coalition, 612-348-8550.

lescent Health database make it possible to use special statistical methods to try to discover the factors that make unique contribuions to health, well-being and resilience.

Three outcome measures were chosen as the focal points for the study, primarily because they reflect different kinds of outcomes involving youth and because the measures are sound enough to allow advanced statistical analysis. The three outcome variables are:

Emotional Stress, which is concerned with feelings and is measured by 17 questions having to do with depression, anxiety, nervousness, tiredness and boredom.

Suicide Risk, which combines information from questions on both suicidal thoughts and behavior (in the form of previous suicide attempts).

Delinquency, which is concerned with acting-out behavior and is measured by eight questions on involvement in violence, vandalism, theft, running away from home, and other delinquency offenses.

A common plan has been used to guide the analysis of each outcome variable. The challenge is to sort through the large number of questions and topics included in the Adolescent Health Survey and find those that seem to have the strongest *independent* association with emotional stress, suicide risk, and delinquency.

This is done in two stages:

- First, simple correlations were calculated to determine which factors were significantly related to the outcome variable.

- Secondly, regression analysis was used to eliminate factors which did not add to our ability to predict an individual's level of emotional stress, suicide risk and delinquency.

Prediction is the name of the game here. The goal of this kind of analysis is to find the smallest number of factors that enables us to make strong predictions of the outcome variables. The following example describes how the analysis works:[5]

> Simple correlations (Stage I of the analysis) show that general physical health is related to emotional stress. Adolescents who have chronic physical health problems tend to have high levels of emotional stress. However, regression analysis (Stage II) shows that, if we already have information on other variables measured by the survey, the existence of physical health problems does not help us improve significantly our ability to predict the level of emotional stress. Since it doesn't help, we eliminate it from our final model.

CHAPTER ONE

> On the other hand, knowing that someone has been physically abused *does* increase our ability to predict an individual's level of emotional stress, even when we already have information on other factors. As a result, physical abuse remains in the model as an independent predictor of the outcome variable, emotional stress.

This process of testing and winnowing has been done separately for each of the outcome variables and for each racial/ethnic group. As we shall see, the final group of fac-

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[5]The actual method is a bit more complicated and technical than described here. Those who need more detailed information can contact Pete Rode at the Urban Coalition (612-348-8550) or Dr. Michael Resnick at the University of Minnesota (612-626-2726).

tors that help us predict emotional stress is not exactly the same as the group of factors that best predict suicide risk or delinquency. Furthermore, the factors that predict an outcome variable like suicide risk among American Indians are not exactly the same as those that predict suicide risk among Asian Americans.

NOTE ON THE SAMPLE

The Adolescent Health Survey was administered during February 1987 in Minneapolis Public Schools and May 1987 in St. Paul Public Schools. Every public secondary school in the Minneapolis district participated in the survey. In addition, four junior and senior high schools from St. Paul were allowed to participate by St. Paul district officials. All students in school on the day of the survey were asked to complete the survey in a classroom setting. The survey was administered by the University rather than by classroom teachers. Students could choose not to participate and parents had the right to refuse to allow their child to take the survey.

The original Adolescent Health Survey data base included surveys from 13,879 students in the Minneapolis and St. Paul school districts, or about 69 percent of those enrolled at the beginning of the school year in participating schools. For the purposes of this study, 964 were removed from the database because information on racial/ethnic group was not provided or because there were too many missing responses. The racial/ethnic breakdown of the final sample was as follows:

African American	2,584
American Indian	372
Asian	856
Chicano/Latino	270
White	8,833
Total	12,915

Based on enrollment data from the 1986-87 school year, it appears that the participation rate was highest for white and Chicano/Latino students and much lower for African American, Asian and American Indian students.

The most important limitations of the sampl are:

- Young people who have dropped out of school are completely unrepresented, and students who are often truant or sick or skip class are under-represented. This is a survey of adolescents attending school. Results might have been different if dropouts and chronic truants had somehow been included.

- Southeast Asian refugee groups appear to be under-represented within the Asian student sample. In Minneapolis, Southeast Asian students were enrolled primarily at schools that offered Limited English Proficiency (LEP) programs. Survey participation among Asian students was lowest in the schools with LEP pro grams. Southeast Asians are als underrepresented because St. Paul, which had only four schools involved in the survey, has a larger refugee population than Minneapolis.

- Chicano/Latino students from St. Paul are under-represented because only four St. Paul schools participated in the survey and because the schools selected did not have many Chicano/Latino students. Even though the St. Paul Public Schools have more Chicano/Latino students than Minneapolis, only one-third of the Chicano/Latino students in the Twin Cities Adolescent Health Survey database were from St. Paul.

Emotional Stress

BACKGROUND

In this study, emotional stress can be thought of as a variable which sums up the overall emotional state of an individual. A single measure of emotional stress was constructed by combining responses to 17 questions dealing with nervousness, anxiety, sadness, happiness, and tiredness. [The complete set of questions can be found in Appendix A.]

When students were divided into high, medium and low groups based on their emotional stress scores, striking differences were found between girls and boys. In each racial/ethnic group, girls were much more likely than boys to report high levels of emotional stress.

The overall differences between racial/ethnic groups were not very large. However, there were important differences on some of the individual questions that were used to calculate the overall measure of emotional stress. Compared with white youths, adolescents of color were more likely to say that their daily lives were uninteresting, that they did not feel "in control" of their behavior, thoughts or emotions, and that they felt sad or discouraged.

RESULTS OF THE ANALYSIS

When the regression analysis was conducted as described in the previous chapter, eleven variables emerged as having a significant and unique impact on emotional stress in one or more of the five racial/ethnic groups. Table 2 summarizes the results of the analysis. The numbers in the table are known as "Beta" scores. Beta scores can be thought of as measuring how much unique impact a variable has on an outcome variable, in this case emotional stress. Variables with higher Beta scores (whether positive or negative) have more impact than those with lower scores. In this table, Beta scores are only included if the contribution they make is statistically significant and unique.

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[One further note on the analysis: It is not valid to compare Beta scores for one racial/ethnic group with another group. For example, the Beta score for "Worries about Violence" among Asian students can only be compared directly with the scores for other variables affecting Asian students — it cannot

PERCENT INDICATING HIGH EMOTIONAL STRESS
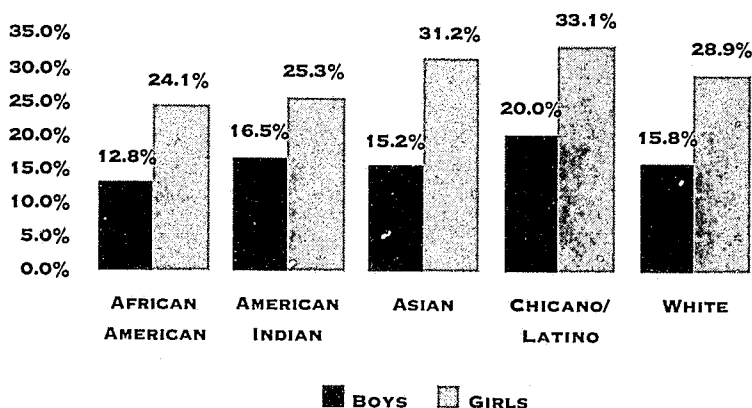
Source: *The Next Generation*, Urban Coalition, 1990, p. 13.

be compared directly with the Beta score for "Worries about Violence" among American Indian youth or any other group.]

FACTORS ASSOCIATED WITH HIGHER EMOTIONAL STRESS

As Table 2 shows, there were three variables which appeared as significant predictors of high emotional stress in all five ethnic groups. These were boredom, negative body image, and worries about violence:

Boredom was measured by one question which asked: "How often do you feel like 'there's nothing to do' or that you are bored?" The positive Beta scores mean that students who answered "much of the time" or "all of the time" were much more likely to have high emotional stress. Boredom was the most powerful factor related to emotional stress among American Indian and Chicano/Latino students.

Negative Body Image was based on two questions which indicate how young people feel about their bodies and their weight. In all racial/ethnic groups, negative images of one's body were associated with greater emotional stress.

Worries About Violence was based on five questions dealing with worries about violence in one's home, in the neighborhood and in the world. Greater worries about violence are associated with high levels of emotional stress. This variable does not directly measure experiences of violence, but indicates how much young people feel worried or concerned about various kinds of violence.

Several other variables were predictors of high emotional stress in some but not all racial/ethnic groups. These included:

Physical Abuse: In all communities except the Chicano/Latino community, previous experiences with physical abuse had an independent relationship with emotional stress. Youths who said that they had been physical-

ly abused by someone in their family or by anyone else were more likely to have higher emotional stress.

Year or Grade in School: In the African American, Asian and White communities, adolescents in the higher school grades — such as the 10th, 11th and 12th grades — had higher emotional stress.

Recent Mental/Emotional Problems in Family: In the African American and White communities, youths who said that someone in their family had recently experienced mental or emotional problems or had received treatment for them were more likely to have high emotional stress. The Beta scores are not very large (.06), but they are large enough to indicate some independent contribution to our ability to predict emotional stress.

Being Female: Among Asian youths, simply knowing that someone was female increased our ability to predict emotional stress. Girls experienced much higher emotional stress, even after taking into account such powerful factors as body image and family connectedness.

Drug Climate At School: In the white community, students who perceived lots of drug use and drug dealing at their school had higher emotional stress.

FACTORS REDUCING EMOTIONAL STRESS

Strong Family Connectedness, which is based on six questions dealing with the degree of caring and understanding that adolescents felt was present in their families, appeared to contribute to lower emotional stress in all five racial/ethnic groups. (The negative Beta scores mean that the higher levels of family connectedness were associated with *lower* levels of emotional stress.)

In the African American (-.29), Asian (-.32 and White (-.27) communities, family con-

TABLE 2: INDEPENDENT PREDICTORS OF EMOTIONAL STRESS

	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN	CHICANO/ LATINO	WHITE
FACTORS INCREASING EMOTIONAL STRESS					
BOREDOM/NOTHING TO DO	+.18	+.36	+.25	+.31	+.20
NEGATIVE BODY IMAGE	+.20	+.13	+.18	+.25	+.20
WORRIES ABOUT VIOLENCE	+.15	+.18	+.17	+.13	+.14
PHYSICAL ABUSE	+.10	+.16	+.13	–	+.07
YEAR/GRADE LEVEL IN SCHOOL	+.09	–	+.18	–	+.09
RECENT MENTAL/ EMOTIONAL PROBLEMS IN FAMILY	+.06	–	–	–	+.06
PERCEPTIONS OF LOTS OF DRUGS AND DRUG DEALING AT SCHOOL	–	–	–	–	+.08
BEING FEMALE	–	–	+.14	–	–
FACTORS REDUCING EMOTIONAL STRESS					
STRONG FAMILY CONNECTEDNESS	-.29	-.29	-.32	-.26	-.27
CONNECTIONS WITH ADULTS & FRIENDS OUTSIDE THE FAMILY	–	–	–	-.18	-.12

(–) INDICATES NO SIGNIFICANT RELATIONSHIP WITH EMOTIONAL STRESS.

nectedness had the greatest impact on emotional stress — either positive or negative — of any variable listed in Table 2. In the American Indian and Chicano/Latino communities, only boredom had greater impact.

Strong Connections With Adults and Friends Outside Family: In the Chicano/Latino and White communities, youths who felt that school people, church leaders, other adults and/or their friends cared about them experienced lower levels of emotional stress.

CONCLUSIONS AND DISCUSSION
1. Good relationships within the family clearly contribute to emotional well-being. Young people who say they have lots of fun with their family and who feel that their family cares about their feelings, understands them, and pays a lot of attention to them have much less emotional stress.

In most racial/ethnic groups, family connectedness had more impact on emotional health than any other factor included in the study. This should serve as a signal to policy makers, funders, community leaders and others that we must confront all the social and economic forces that place great stress on parents and families and threaten to tear apart the nurturing potential of families. Greater economic opportunity, higher wages, good health care (including mental health and chemical dependency treatment), parent education programs, workplace reforms, and other program and public policy changes that strengthen families should be supported.

It should also be noted that the presence of caring relationships with adults or friends outside the family was an important factor in some communities, though not as powerful as family connectedness. Taken together, these factors suggest how important it is for adolescents to be surrounded by caring, positive, and nurturing relationships.

2. Another noteworthy finding of the study was the emergence of boredom — the feel-

ing that "there is nothing to do" — as an important predictor of high emotional stress. The challenge for families and communities is to keep adolescents engaged and interested in recreational activities, cultural events, school, and community service. That can be difficult when, as is often the case, the opportunities offered by mainstream culture do not engage the personal and cultural needs of adolescents of color. Another challenge is to encourage the development of "quieter" activities, such as a love of reading, so that adolescents will not feel lost when stimulating group activities are unavailable.

To deal effectively with the potential for boredom and disinterest, families and communities need to focus on at least three things:

- plenty of recreational, cultural, educational, spiritual and service opportunities;

- a strong voice for young people in creating and designing those opportunities; and

- good communications with adolescents, about feelings as well as interests.

3. Negative body image is an important contributor to emotional stress in all communities of color. Much attention has been focused on body image as an issue facing girls, and far more girls reported negative body images than did boys. However, negative body image was an important, unique predictor of emotional stress for boys as well as girls. Cultural images generated by advertising, media and other sources define what is "positive", desirable and attractive in ways that do great damage to the self-esteem of many adolescents. But it's not just the media. The entire culture needs to be challenged on its simplistic and unrealistic images that tyrannize the selfperceptions and self-esteem of many youths. At the same time, that concern

needs to be balanced by an approach that conveys accurate health information about weight and development, and that points out what teenagers can do to maintain healthy bodies.

4. Worries about violence was the only set of worries investigated in this study that had an independent, unique relationship with emotional stress. Adolescents were also asked how often they worried about: the future (jobs, doing well in school, etc.); death (their parents and their own); economic conditions; relationships with their peers; and broad social issues (war, poverty, etc.). These worries, while often more prevalent than concerns about violence, did not prove to be strongly related to emotional stress after all other factors were taken into account. Worries about violence, on the other hand, appears to have a direct, immediate connection with stress.

This study did not look at only one kind of violence, but tried to elicit concerns about violence in several settings. Young people were asked how much they worried about:

- all the violence in my neighborhood;

- all the violence that happens in our country;

- all the violence in my home;

- that one of my parents will hit me so hard I'll be hurt;

- getting beat up in school.

The results underscore the hidden, silent impact violence has had on the sense of well-being and optimism of young people of all racial/ethnic groups. The fact that physical abuse is an additional predictor of emotional stress in several groups underscores the importance of stopping violence in our communities.

CHAPTER TWO

1

SUICIDE RISK

BACKGROUND

From 1982 to 1992, an average of 51 Minnesota young people between 10 and 19 years of age have taken their own lives each year. As tragic as these self-inflicted deaths may be, they represent the tip of an iceberg, a tiny fraction of young people who have made some attempt at suicide or have thought seriously about it.

In the Adolescent Health Survey, one of every eight Minneapolis and St. Paul adolescents said they had tried to kill themselves at some point in their lives, and one of twenty said they had made an attempt within the past year.

More than one of every ten youths were considered to be at "high risk" for suicide. The variable called Suicide Risk was created by combining answers to two questions, one about suicide attempts and one about thoughts. Suicide Risk was defined as high if the youth agreed that "I would commit suicide if I had the chance," or if they had tried to commit suicide in the past year and still had serious thoughts about killing themselves. (See Appendix A for complete description of how Suicide Risk was measured.)

The survey did not ask for details about how young people had tried to kill themselves. We do not, therefore, know how life-threatening their behavior actually was. What is important, however, is the fact that young people perceived that they wanted to kill themselves and had taken serious steps in that direction. Suicidal thoughts and attempts are important in themselves and indicate significant depression and turmoil.

As the accompanying chart shows, suicide risk was considerably higher in communities of color compared to the white community. While nine percent of white youths were considered to be at high risk of suicide, between 13 and 16 percent of young people of each community of color were in the high risk group.

CHAPTER THREE

Eleven different variables emerged as having a significant and independent effect on suicide risk for one or more of the five racial/ethnic groups. (See Table 3.)

PERCENT INDICATING HIGH SUICIDE RISK
(AS INDICATED BY RECENT ATTEMPTS AND SUICIDAL THOUGHTS)

13.5%	14.2%	14.4%	16.2%	9.3%
AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN	CHICANO/ LATINO	WHITE
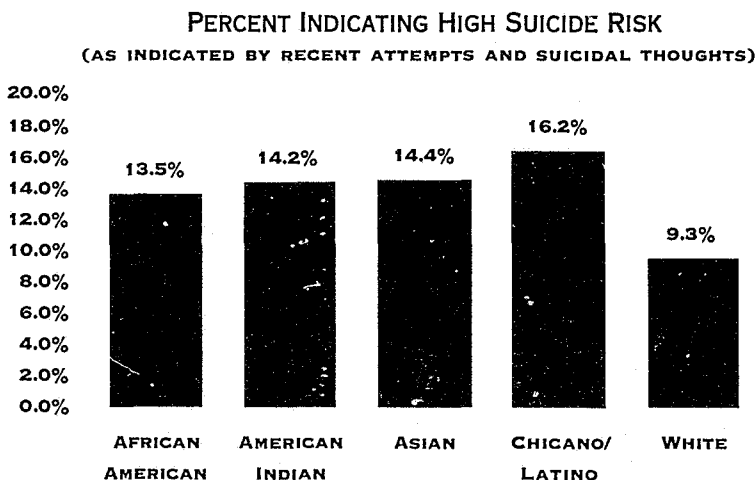
Source: *The Next Generation*, Urban Coalition, 1990, p. 19.

FACTORS ASSOCIATED WITH GREATER RISK OF SUICIDE

High Emotional Stress: By looking at Table 3, one can see that high emotional stress had the greatest impact on suicide risk in all five racial/ethnic groups. (In other words, emotional stress had the highest Beta scores in each group.) This is not surprising, if we think of suicidal attempts and thoughts as indicating very serious depressive or emotional difficulties. But it does indicate that the kind of questions used to measure emotional stress could be helpful in alerting us to more dangerous levels of depression and distress.

Recent Family Mental/Emotional Problems: Only one other variable proved to be an independent predictor of suicide risk in all five groups — the presence of recent serious mental or emotional health problems within the family. The survey asked adolescents if anyone in their family had a serious mental or emotional problem or had been treated for such problems. The highest score on this question was given to those who said this had occurred in the past six months. This variable may say something about the family environment in which young people live and trauma to which they may have been exposed. Family mental/emotional problems was generally much less powerful than emotional stress as a predictor of suicide risk, except in the American Indian community, where the Beta score of +.25 for family mental/emotional problems nearly matched the Beta score of +.29 for emotional stress.

Several other variables were associated with increased suicide risk in at least one but not all of the five racial/ethnic groups. These included:

Previous History Of Physical Abuse: Physical abuse had an independent effect on suicide risk in the African American, Asian and white communities, with students experiencing physical abuse more likely to report suicidal thoughts or attempts.

Unwillingness To Seek Help For Emotional Or Relationship Concerns: For this variable, adolescents were presented with a series of difficult emotional or relationship situations, such as "depression," "feeling out of control," and "relationships with girlfriend or boyfriend." They were then asked who they would go to first for help with these problems. Possible answers included parents, friends, school workers, church leaders, other adults and "no one." Students who more often said they would seek help from "no one" had higher suicide risk scores. In the African American and Asian communities, unwillingness or inability to seek help was an independent predictor of suicide risk.

Chronic Health Conditions: In the African American, Chicano/Latino and white communities, having to deal with chronic health conditions was associated with greater suicide risk. Students were asked if they had a variety of visible and invisible conditions, such as diabetes, hypertension, epilepsy, hearing problems and physical disabilities. Those who reported one or more conditions were more likely to have suicidal thoughts or attempts.

Strong Connections With Adults And Friends Outside The Family: In the Asian community, the second most important factor related to suicide risk was relationships with people outside the family (Beta score of +.15). However, the relationship runs in the opposite direction of what we would normally expect. The positive Beta score means that youth who felt that school people, church leaders, adults and friends cared about them were more likely to be at risk of suicide.

Doing OK In School: This variable combines answers to questions on feelings about school, average grades, and skipping school. Students who said they liked school, had average or above grades, and who did not skip school often were considered to be doing OK in school. In the American Indian

TABLE 3: INDEPENDENT PREDICTORS OF SUICIDE RISK

	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN	CHICANO/ LATINO	WHITE
FACTORS INCREASING SUICIDE RISK					
HIGH EMOTIONAL STRESS	+.29	+.29	+.33	+.35	+.39
RECENT MENTAL/ EMOTIONAL PROBLEMS IN FAMILY	+.12	+.25	+.09	+.14	+.05
PHYSICAL ABUSE	+.09	–	+.12	–	+.13
UNWILLINGNESS TO SEEK HELP FROM ANYONE	+.06	–	+.10	–	–
CHRONIC HEALTH CONDITIONS	+.05	–	–	+.14	+.05
STRONG CONNECTIONS WITH ADULTS & FRIENDS OUTSIDE THE FAMILY	–	–	+.15	–	–
DOING OK IN SCHOOL	–	+.14	–	–	–
BEING FEMALE	–	–	–	–	+.06
FACTORS REDUCING SUICIDE RISK					
RELIGIOSITY/ SPIRITUALITY	–	-.15	–	-.19	–
STRONG FAMILY CONNECTEDNESS	–	–	-.14	–	-.08
YEAR/GRADE LEVEL IN SCHOOL	–	–	–	–	-.06

(–) INDICATES NO SIGNIFICANT RELATIONSHIP WITH SUICIDE RISK.

community, however, youths who were doing OK in school by these criteria were *more* likely to engage in suicidal thoughts and attempts.

Being Female: In the white community, adolescent girls were more likely to be at risk of suicide than boys, even after taking into account the effects of emotional stress and other factors.

FACTORS REDUCING SUICIDE RISK

Religiosity/Spirituality: Adolescents were asked to what extent they considered themselves to be a religious or spiritual person. No questions were asked about church affiliation or religious beliefs, nor was there any attempt to explore what terms like "religion" or "spirituality" mean to young people. "Religiosity" is therefore a very subjective variable based solely on the youth's perception of themselves as religious or spiritual. In the American Indian (-.15) and Chicano/Latino (-.19) communities, this simple measure strongly contributed to lower suicide risk. The negative Beta scores mean that youths who thought of themselves as religious or spiritual were less likely to have suicidal thoughts or attempts.

Strong Family Connectedness: Students who felt their families cared about them and paid attention to them were at lower risk of suicidal thoughts and actions in the Asian (-.14) and white (-.08) communities.

Year Or Grade Level In School: In the white community, students at the higher grade levels (senior high) had lower suicide risk scores.

CONCLUSIONS AND DISCUSSION

1. Several factors that describe emotional turmoil in different ways were important predictors of high suicide risk. Emotional stress, a variable that measures feelings, was the most important factor. But certain experiences or events, such as a history of physi-

cal abuse or the experience of recent emotional or mental health problems within the family, also made an independent contribution to suicide risk.

The latter finding reinforces the "whole family" approach to emotional and mental health. Adolescents can be powerfully affected by the troubles experienced by other members of the family. The whole family, not just the person with emotional or mental health difficulties, may need strong support and caring in these situations.

2. An absence of strong caring relationships was related to suicidal thoughts and gestures, at least in some communities. An unwillingness or inability to seek help for emotional or relationship problems, perhaps having no one to trust or to confide in, was associated with higher suicide risk, while strong family connectedness helped to reduce suicide risk in some communities.

However, it appears that the variables describing caring relationships, or the lack thereof, were less powerful in predicting suicide risk than they were in explaining emotional stress. (See previous chapter.) Furthermore, we remain puzzled by an unusual result within the Asian community — the association of caring relationships with other adults and friends with higher levels of suicide risk.

3. The emergence of religiosity or spirituality as an important factor helping to reduce suicide risk, at least among Chicano/Latino and American Indian youth, leads to several questions that ought to be investigated further. What are young people thinking of when they describe themselves as religious or spiritual people? To what extent are young people talking about organized religions and to what extent are they talking about spiritual conceptions or experiences that fall outside the realm of organized religions? What are the qualities of their religious or spiritual lives that have an effect on their emotional lives? Similarly, the association of certain chronic

health conditions with suicide risk raises interesting questions about the connections between physical and emotional health.

4. Finally, it is very disturbing to find that American Indian youth who are doing well in school are more likely to engage in suicidal thoughts and gestures than those who are not. This result runs counter to common wisdom and underscores the importance of looking closely at the different experiences and dynamics within each racial/ethnic community. We might well ask what are the pressures on American Indian students who stay in school and do well that lead to higher suicide risk.

CHAPTER THREE

DELINQUENCY

BACKGROUND

Unlike emotional stress and suicide risk, which totally or partly measure thoughts and feelings, delinquency is based strictly on behavior. Students were asked how often they had been involved in various kinds of delinquent behavior in the previous twelve months. The answers to eight of these questions were combined to create an overall measure of delinquency. The eight questions dealt with vandalism, fighting, theft, running away from home and other behavior. (See Appendix A for a full description.)

No attempt was made in this survey to find out how serious each of these offenses was, and very serious violent offenses such as aggravated robbery, aggravated assault and homicide were not on the list. The measure of delinquency used here emphasizes frequent involvement in a variety of behaviors, rather than seriousness of the offenses. Another point to keep in mind is that the survey obtained responses only from adolescents who were in school. The findings reported here may not reflect patterns of delinquency among young people who have dropped out of school.

Eleven different variables were independently related to delinquency in at least one of the five racial/ethnic groups. (See Table 4.)

FACTORS ASSOCIATED WITH GREATER INVOLVEMENT IN DELINQUENCY

Perceptions Of Delinquent Activity At School: In all communities except the Asian community, youths who perceived that there was lots of delinquent activity going on at their school were themselves more likely to be involved in delinquency. This may be because certain schools had exceptional amounts of unlawful behavior or because delinquent youths were more aware of delinquent behavior going on around the school than other kids.

CHAPTER FOUR

Recent Mental/Emotional Problems Within Family: This variable was an important predictor of suicide risk, and in the African American (+.10), Asian (+.11) and white (+.05) communities it was also a predictor of delinquency. Delinquency was more prevalent among youth who said one or more family members had recent mental health or emotional problems – or had received treatment for such problems.

Physical Abuse: Students who reported previous physical abuse were more likely to engage in delinquent activity in the American Indian (+.22) and white (+.07) communities. Among American Indians, physical abuse was the most powerful predictor of delinquency.

Multiple Chemical Use By Parents: Students were asked if their parents used four kinds of drugs once a week or more often. The four were tobacco, alcohol, marijuana and crack or cocaine. A score was created by counting the number of chemical groups used during a typical week by the parents. In the Asian (+.24) and African American (+.14) communities, youths involved in delinquency had parents who were more likely to be involved with a greater number of different chemicals. This proved to be the most powerful predictor of delinquency in the Asian community.

Chronic Health Conditions: Students with one or more chronic health conditions were more likely to engage in delinquent offenses in the African American and white communities.

High Emotional Stress: High levels of emotional stress, a powerful predictor of suicide risk, contributed to delinquency involvement only in the Asian community.

FACTORS REDUCING DELINQUENCY

Being Female: The only variable that predicted the level of delinquency involvement in all five racial/ethnic groups was female gender. The negative Beta scores in Table 4 indicate that female adolescents were much less likely to be involved in delinquency, even after taking into account all of the other variables or factors related to delinquency. In the African American (-.19), Chicano/Latino (-.34) and white (-.40) communities, being female was the most important single factor predicting high or low delinquency involvement.

Being Older: In each community except the Chicano/Latino community, age was a predictor of delinquency. Older adolescents were less involved in delinquency than younger adolescents. Other studies have often found that delinquency — at least the kinds of behavior that were included in the

Adolescent Health Survey — is more common in early adolescence and decreases with age. It is also possible that many of the more delinquency-prone adolescents dropped out during high school and were not counted in the survey.

Turning To Parents For Help: As mentioned earlier, students were presented with several difficult emotional or relationship situations and asked to whom they would go for help. In the African American (-.14), American Indian (-.17) and white (-.11) communities, students who sought help first from their parents were less likely to engage in delinquent activities.

Strong Family Connectedness: Higher levels of family connectedness and caring were associated with lesser amounts of delinquency in the Asian and white communities.

Receiving Free or Reduced-Price School Lunch: In the Asian community, students who received free or reduced-price lunch — an indicator of low family income — were less likely to be involved in delinquency.

CONCLUSIONS AND DISCUSSION
1. The results for the delinquency outcome variable were less helpful than the results for emotional stress and suicide risk. Two of the most powerful contributors to lower amounts of delinquency were demographic variables — gender and age — which are unchangeable. The study does not tell us what it is about being female or being older that leads to less delinquency.

2. Measures of caring relationships with other people appear to help reduce delinquency in some cases. In the African American, American Indian and white communities, willingness to go to one's parents for help with emotional or relationship problems was related to lower delinquency. In the Asian and white communities, strong family connections were associated with lower delinquency.

TABLE 4: INDEPENDENT PREDICTORS OF DELINQUENCY

	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN	CHICANO/ LATINO	WHITE
FACTORS INCREASING DELINQUENCY					
PERCEPTION OF LOTS OF DELINQUENCY AT SCHOOL	+.12	+.18	–	+.16	+.13
RECENT MENTAL/ EMOTIONAL PROBLEMS IN FAMILY	+.10	–	+.11	–	+.05
PHYSICAL ABUSE	–	+.22	–	–	+.07
MULTIPLE CHEMICAL USE BY PARENTS	+.14	–	+.24	–	–
CHRONIC HEALTH CONDITIONS	+.09	–	–	–	+.15
HIGH EMOTIONAL STRESS	–	–	+.15	–	–
FACTORS REDUCING DELINQUENCY					
BEING FEMALE	-.19	-.16	-.21	-.34	-.40
BEING OLDER	-.16	-.15	-.16	–	-.13
TURNING TO PARENTS FOR HELP	-.14	-.17	–	–	-.11
STRONG FAMILY CONNECTEDNESS	–	–	-.10	–	-.15
RECEIVING FREE/REDUCED PRICE SCHOOL LUNCH	–	–	-.19	–	–

(–) INDICATES NO SIGNIFICANT RELATIONSHIP WITH DELINQUENCY.

3. Measures of emotional turmoil emerged as independent predictors of delinquency in some communities. However, emotional stress, which is based on feelings, was an important predictor in only one community, the Asian community. Experiences with recent emotional or mental health problems in the family or experiences with past physical abuse were associated with higher levels of delinquency in some communities. It appears, however, that these measures of emotional turmoil are considerably weaker at predicting delinquency (acting out behavior) than they were in predicting suicidal thoughts and gestures.

4. Chemical use by parents, specifically the regular use by parents of several different kinds of chemicals ranging from tobacco to illegal drugs, appears to contribute strongly to delinquency in two communities – the African American and Asian. This is the only occasion in this study where information related to chemical use was found to be an important predictor of an outcome variable.

RESILIENCY AND SOCIAL CHANGE: THE CONTEXT FOR YOUTH POLICY

Those who study child and adolescent health use the idea of resiliency to mean the capacity of young people to thrive, to be emotionally healthy and to avoid destructive behavior in spite of very difficult circumstances.[6] This study has tried to identify some of the factors that increase the likelihood of high emotional stress and damaging behavior and some of the protective factors that contribute to resiliency in adolescents.

One purpose of the study was to look at how risk and protective factors operate within different racial/ethnic groups. We did not want to assume that the dynamics affecting emotional stress and destructive behavior would be the same in each community. In fact, unique and varied findings did emerge in each community. Another glance at Tables 2-4 provides many examples of factors that were significant predictors of emotional stress, suicide risk or delinquency for some racial/ethnic groups but not for others. Special attention to the dynamics in different groups allowed us to find unexpected relationships that would otherwise have been lost. One of the most disturbing of these was the finding that American Indian youth who were doing relatively well in school were more likely to report suicidal thoughts or attempts.

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[6]There are several good academic reviews of the research on resiliency. These include:.

Ann S. Masten, "Resilience in Individual Development: Successful Adaptation Despite Risk and Adversity," in M.C. Wang and E. Gordon (eds.), *Education Resilience in Inner-City America: Challenges and Prospects,* Hillsdale, NJ: Lawrence Erlbaum (forthcoming).

J. David Hawkins, Richard F. Catalano, and Janet Y. Miller, "Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention," *Psychological Bulletin,* 1992, Vol. 112, No. 1: 64-105.

Ann S. Masten, Karin M. Best, and Norman Garmezy, "Resilience and Development: Contributions from the Study of Children Who Overcome Adversity," *Development and Psychopathology,* 2 (1990): 425-444.

In addition to differences, the study also identified several universal and cross-cutting factors that had an impact on outcomes for adolescents in every racial ethnic group. This was most true for emotional stress, where strong connections with the family emerged as a powerful factor promoting resiliency across-the-board, and where worries about violence, negative body image, and boredom ("nothing to do") were consistently associated with greater stress. High emotional stress was, in turn, an important predictor of suicide risk in every racial/ethnic group, as was the experience of dealing with recent major emotional or mental health problems within the family.

It is striking, though, how many of these factors are linked to personal relationships and to the adolescent's sense of belonging. Strong family connections has already been mentioned as a universal factor helping to reduce emotional stress. At least in some communities, caring relationships with people outside the family also helped reduce emotional stress, and being able to turn to parents for help was associated with lower delinquency. Conversely, mental and emotional problems within the family, physical abuse, and having no one to turn to for help seemed to contribute to greater stress or destructive behavior. Addressing this fundamental adolescent, and human, need for caring relationships and belonging must be an integral feature of all public policies, programs and interventions, no matter what their specific focus or content.

While there is much excitement about the search for ingredients that strengthen resiliency, there is a recognition that this is not a magic cure-all and should not be the sole focus of adolescent health. Our collaborators on this project from the University of Minnesota point out in a separate article:[7]

"Caring, while extraordinarily important in the lives of young people, is not a substitute for correcting fundamental threats to health, rooted in the economic disparities that have become increasingly manifest due to both deliberate government policies and a shifting economic infrastructure that strains the ability of families and individuals to thrive or function. In fact, the sense of disaffiliation of growing numbers of young people, noted with alarm by many commentators, is accentuated by trends in the economy which make it increasingly harder for families to earn sufficient income with benefits, to meet the costs of housing, food and everyday living."

Two streams of activism, therefore, need to come together. The structural issues — creating good jobs, health insurance, child care, education, job training, tax reform and more — must move ahead. But they must be joined by policies and programs that address the specific kinds of risk and protective factors identified in this study.

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[7]Michael D. Resnick, Linda J. Harris and Robert W. Blum, "The Impact of Caring and Connectedness on Adolescent Health and Wellness," in *Journal of Paediatrics and Child Health*, 1993, 29, Suppl. 1: 1-9.

MEASUREMENT OF OUTCOME VARIABLES

EMOTIONAL STRESS

The measurement of emotional stress was based on seventeen survey questions. The questions, the possible responses, and the score for each answer are indicated below. The overall emotional stress score was determined by adding the scores for all seventeen questions. The smallest possible emotional stress score was zero, and the highest was 74.

HOW HAVE YOU BEEN FEELING IN GENERAL (DURING THE LAST MONTH)?

0 __ In an excellent mood

1 __ In a very good mood

2 __ My moods have been up and down a lot

3 __ In a bad mood

4 __ In a very bad mood

HAVE YOU BEEN BOTHERED BY NERVOUSNESS OR YOUR "NERVES" (DURING THE LAST MONTH)?

4 __ Extremely so, to the point where I couldn't work/take care of things

3 __ Quite a bit

2 __ Some, enough to bother me

1 __ A little

0 __ Not at all

HAVE YOU FELT IN CONTROL OF YOUR BEHAVIOR, THOUGHTS, EMOTIONS, OR FEELINGS (DURING THE PAST MONTH)?

0 __ Yes, for sure

1 __ Yes, sort of

2 __ Not very much

3 __ No, and it bothers me a little

4 __ No, and it bothers me a lot

HAVE YOU FELT SO SAD, DISCOURAGED, HOPELESS, OR HAD SO MANY PROBLEMS THAT YOU WONDERED IF ANYTHING WAS WORTHWHILE (DURING THE PAST MONTH)?

4 __ Extremely so, to the point that I have just about given up

3 __ Quite a bit

2 __ Some, enough to bother me

1 __ A little bit

0 __ Not at all

HAVE YOU FELT YOU WERE UNDER ANY STRAIN, STRESS OR PRESSURE (DURING THE PAST MONTH)?

4 __ Yes, almost more than I could take

3 __ Yes, quite a bit of pressure

2 __ Yes, some/more than usual

1 __ Yes, a little/about usual

0 __ Not at all

HOW HAPPY OR SATISFIED OR PLEASED HAVE YOU BEEN WITH YOUR PERSONAL LIFE (DURING THE PAST MONTH)?

0 __ Extremely happy, could not have been more satisfied or pleased
1 __ Very happy
2 __ Satisfied, pleased
3 __ Somewhat dissatisfied
4 __ Very dissatisfied

HAVE YOU WORRIED THAT YOU MIGHT BE LOSING YOUR MIND OR LOSING CONTROL OVER THE WAY YOU ACT, TALK, THINK, FEEL, OR OF YOUR MEMORY (DURING THE PAST MONTH)?

0 __ Not at all
1 __ A little bit
2 __ Some, enough to bother me

3 __ Quite a bit
4 __ Very much so

HAVE YOU BEEN WAKING UP FRESH AND RESTED (DURING THE PAST MONTH)?

0 __ Every day
1 __ Most every day
2 __ Less than half the time

3 __ Rarely
4 __ None of the time

HAVE YOU BEEN BOTHERED BY ANY ILLNESS, BODILY DISORDER, PAINS, OR FEARS ABOUT YOUR HEALTH (DURING THE PAST MONTH)?

4 __ All of the time
3 __ Most of the time
2 __ Some of the time

1 __ A little of the time
0 __ None of the time

HAS YOU DAILY LIFE BEEN FULL OF THINGS THAT WERE INTERESTING TO YOU (DURING THE PAST MONTH)?

0 __ All of the time
1 __ Most of the time
2 __ Some of the time

3 __ A little of the time
4 __ None of the time

HAVE YOU FELT SAD (DURING THE PAST MONTH)?

4 __ All of the time
3 __ Most of the time
2 __ Some of the time

1 __ A little of the time
0 __ None of the time

HAVE YOU BEEN FEELING EMOTIONALLY SECURE AND SURE OF YOURSELF (DURING THE PAST MONTH)?

0 __ All of the time
1 __ Most of the time
2 __ Some of the time

3 __ A little of the time
4 __ None of the time

HAVE YOU FELT ANXIOUS, WORRIED OR UPSET (DURING THE PAST MONTH)?

4 __ All of the time
3 __ Most of the time
2 __ Some of the time

1 __ A little of the time
0 __ None of the time

HAVE YOU FELT TIRED, WORN OUT, BURNED OUT, OR EXHAUSTED (DURING THE PAST MONTH)?

4 __ All of the time   1 __ A little of the time
3 __ Most of the time   0 __ None of the time
2 __ Some of the time

HOW RELAXED OR TENSE HAVE YOU FELT (DURING THE PAST MONTH)?

0 __   1 __   2 __   3 __   4 __   5 __   6 __
Very Relaxed   Very Tense

HOW MUCH ENERGY, PEP, VITALITY HAVE YOU FELT (DURING THE PAST MONTH)?

6 __   5 __   4 __   3 __   2 __   1 __   0 __
No energy at all, listless   Very energentic, dynamic

HOW DEPRESSED OR CHEERFUL HAVE YOU BEEN (DURING THE PAST MONTH)?

6 __   5 __   4 __   3 __   2 __   1 __   0 __
Very depressed   Very cheerful

SUICIDE RISK

The risk of suicide, as used in this study, takes into consideration both thoughts about suicide and some indication of prior attempts. The following questions about suicide were asked on the survey:

HAVE YOU EVER TRIED TO KILL YOURSELF?

__ Yes, during the past year
__ Yes, more than a year ago
__ No

IN THE PAST MONTH:

__ don't have any thoughts about killing myself
__ have thoughts about killing myself, but would not carry them out [casual thoughts]
__ would like to kill myself [serious thoughts]
__ would kill myself if I had a chance [very serious thoughts]

Responses to these questions were combined to create the outcome variable called suicide risk, which could range in value from zero to four. The scores for suicide risk were defined as follows:

4. EITHER youth agrees that "I would kill myself if I had a chance," OR youth agrees "I would like to kill myself" and reports a recent attempt in the past year.

3. EITHER youth agrees that "I would like to kill myself" but reports no recent or previous attempts, OR youth has no thoughts or only casual thoughts about suicide but has attempted suicide in past year.

2. Youth has no thoughts or only casual thoughts about suicide but did report an attempt longer than one year ago.

1. Youth has had casual thoughts about suicide but no previous attempts.

0. Youth has no thoughts about suicide and reports no previous attempts.

DELINQUENCY RISK

Eight questions concerning violent offenses, property offenses and juvenile status offenses (acts, such as running away from home, which are only illegal for juveniles) were used to create an overall measure of delinquency. Adolescents were asked how often they took part in these behaviors. No attempt was made to delve further into the nature and seriousness of each incident, and no questions were asked about arrests or juvenile court appearances. This is a measure of self-reported delinquency which tends to emphasize patterns of repeated offenses rather than an isolated incident, no matter how violent or serious that one incident might have been.

The questions were as follows:

DURING THE LAST 12 MONTHS, HOW OFTEN HAVE YOU DAMAGED/DESTROYED PROPERTY AT SCHOOL OR SOMEWHERE ELSE?

DURING THE LAST 12 MONTHS, HOW OFTEN HAVE YOU HIT OR BEAT UP ANOTHER PERSON?

DURING THE LAST 12 MONTHS, HOW OFTEN HAVE YOU TAKEN PART IN A FIGHT WHERE A GROUP OF FRIENDS FOUGHT ANOTHER GROUP?

DURING THE LAST 12 MONTHS, HOW OFTEN HAVE YOU TAKEN SOMETHING FROM A STORE WITHOUT PAYING FOR IT?

DURING THE LAST 12 MONTHS, HOW OFTEN HAVE YOU TRICKED OR FORCED SOMEONE INTO HAVING SEX WITH YOU?

DURING THE LAST 12 MONTHS, HOW OFTEN HAVE YOU RUN AWAY FROM HOME?

DURING THE LAST 12 MONTHS, HOW OFTEN HAVE YOU STOLEN SOMETHING FROM HOME?

DURING THE LAST 12 MONTHS, HOW OFTEN HAVE YOU BEEN INVOLVED IN PROSTITUTION?

The possible responses were exactly the same for each question and were scored as follows:

0 __ never
1 __ once or twice
2 __ three to five times
3 __ six to ten times
4 __ eleven or more times

After adding these scores together, the final value for the delinquency measure could range from zero to 32.

SUMMARY OF RESULTS FOR EACH RACIAL/ ETHNIC GROUP

The factors and dynamics that contribute to emotional stress, suicide risk and delinquency cannot be presumed to be the same for all racial/ethnic groups. Tables 2-4 showed that some factors are indeed powerful predictors across all groups, but also that there are important differences between groups. This appendix takes the same findings from Tables 2-4 and organizes them for each group. The Beta scores provide a measure of how powerful the factor was in predicting each outcome variable.

I. AFRICAN AMERICAN YOUTH

	BETA SCORE
EMOTIONAL STRESS:	
Strong Family Connectedness	-.29
Negative Body Image	+.20
Boredom ("Nothing to Do")	+.18
Worries About Violence	+.15
Physical Abuse	+.10
Year/Grade in School	+.09
Recent Mental/Emotional Problems in Family	+.06
SUICIDE RISK:	
High Emotional Stress	+.29
Recent Mental/Emotional Problems in Family	+.12
Physical Abuse	+.09
Unwillingness To Seek Help from Anyone	+.06
Chronic Health Conditions	+.05
DELINQUENCY:	
Being Female	-.19
Being Older	-.16
Turning to Parents for Help	-.14
Multiple Chemical Use by Parents	+.14
Perception of Delinquent Activity at School	+.12
Recent Mental/Emotional Problems in Family	+.10
Chronic Health Conditions	+.09

II. AMERICAN INDIAN YOUTH

	BETA SCORE
EMOTIONAL STRESS:	
Boredom ("Nothing to Do")	+.36
Strong Family Connectedness	-.29
Worries About Violence	+.18
Physical Abuse	+.16
Negative Body Image	+.13
SUICIDE RISK:	
High Emotional Stress	+.29
Recent Mental/Emotional Problems in Family	+.25
Religiosity/Spirituality	-.15
Doing OK in School	-.14
DELINQUENCY:	
Physical Abuse	+.22
Perception of Delinquent Activity in School	+.18
Turning to Parents for Help	-.17
Being Female	-.16
Being Older	-.15

III. ASIAN YOUTH

	BETA SCORE
EMOTIONAL STRESS:	
Strong Family Connectedness	-.32
Boredom ("Nothing To Do")	+.25
Negative Body Image	+.18
Year/Grade in School	+.18
Worries About Violence	+.17
Being Female	+.14
Physical Abuse	+.13
SUICIDE RISK:	
High Emotional Stress	+.33
Strong Connections with Adults & Friends Outside Family	+.15
Strong Family Connectedness	-.14
Physical Abuse	+.12
Unwillingness to Seek Help from Anyone	+.10
Recent Mental/Emotional Problems in Family	+.09
DELINQUENCY:	
Multiple Chemical Use by Parents	+.24
Being Female	-.21
Receive Free/Reduced Price School Lunch	-.19
Being Older	-.16
High Emotional Stress	+.15
Recent Mental/Emotional Problems in Family	+.11
Strong Family Connectedness	-.10

IV. CHICANO/LATINO YOUTH

	BETA SCORE
EMOTIONAL STRESS:	
Boredom ("Nothing To Do")	+.31
Strong Family Connectedness	–.26
Negative Body Image	+.25
Strong Connections with Adults & Friends Outside Family	–.18
Worries About Violence	+.13
SUICIDE RISK:	
High Emotional Stress	+.35
Religiosity/Spirituality	–.19
Recent Mental/Emotional Problems in Family	+.14
Chronic Health Conditions	+.14
DELINQUENCY:	
Being Female	–.34
Perception of Delinquent Activity at School	+.16

V. WHITE YOUTH

	BETA SCORE
EMOTIONAL STRESS:	
Strong Family Connectedness	–.27
Negative Body Image	+.20
Boredom ("Nothing To Do")	+.20
Worries About Violence	+.14
Strong Connections with Adults & Friends Outside Family	–.12
Year/Grade in School	+.09
Perception of Drugs and Drug Dealing at School	+.08
Physical Abuse	+.07
Recent Mental/Emotional Problems in Family	+.06
SUICIDE RISK:	
High Emotional Stress	+.39
Physical Abuse	+.13
Strong Family Connectedness	–.08
Being Female	+.06
Year/Grade in School	–.06
Recent Mental/Emotional Problems in Families	+.05
Chronic Health Conditions	+.05
DELINQUENCY:	
Being Female	–.40
Strong Family Connectedness	–.15
Chronic Health Conditions	+.15
Being Older	–.13
Perception of Delinquent Activity at School	+.13
Turning to Parents for Help	–.11
Physical Abuse	+.07
Recent Mental/Emotional Problems in Family	+.05