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Neighborhood social processes as moderators between racial discrimination and depressive symptoms for African American adolescents

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Abstract

Racial discrimination is associated with numerous psychological consequences, including increased depressive symptoms for African American adolescents (Brody et al., 2006; Wong, Eccles, & Sameroff, 2003). Adolescents' perceptions of their neighborhood can influence how youth interpret and manage racial discrimination (Sampson, Morenoff, & Gannon-Rowley, 2002). Yet little is known about how adolescent perceptions of neighborhood cohesion and neighborhood disorganization protect or exacerbate the effects of racial discrimination, or how these effects vary by youth's gender. Therefore, the current study examined whether neighborhood social cohesion and neighborhood disorganization moderated the association between racial discrimination and depressive symptoms for African American adolescents and how the effects differ for boys and girls. Participants were 106 African American adolescents (57% female; mean age 15.14) from an urban metropolitan area. Regression analyses suggest that perceptions of neighborhood social cohesion protected against racial discrimination for boys and girls. Additionally, the results indicate that when boys perceive less neighborhood disorganization, racial discrimination has a greater influence on their depressive symptoms. Findings have implications for intervention and prevention efforts that enhance and utilize positive neighborhood social processes for youth contending with racial discrimination.

1 | INTRODUCTION

For African American youth, adolescence includes increased awareness of, experiences with, and consequences of racial discrimination (Brody et al., 2006; Herda, 2016). During adolescence, youth develop the cognitive and social abilities to understand racial discrimination and start to spend less time in their homes and more time in locations where adolescents may experience racial discrimination (Fisher, Wallace, & Fenton, 2000). In fact, African American

adolescents often indicate having experienced at least one incident of racial discrimination (Fisher et al., 2000; Seaton, Caldwell, Sellers, & Jackson, 2008), and empirical evidence suggests that African American youth are at greater risk for experiencing racial discrimination compared to their peers from other racial and ethnic backgrounds (Fisher et al., 2000; Romero & Roberts, 1998).

Developmental models propose that encountering racial discrimination during adolescence can be exceptionally stressful for youth and is associated with a range of negative psychological outcomes (Coll et al., 1996; Spears Brown & Bigler, 2005). Empirical research confirms these propositions with several studies documenting associations between racial discrimination and adverse mental health consequences (e.g., Sanders-Phillips, Settles-Reaves, Walker, & Brownlow, 2009; Umaña-Taylor, 2016; Williams & Williams, 2000) including depressive symptoms (Simons et al., 2006; Wong, Eccles, & Sameroff, 2003), psychological distress (Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003), and decreased psychological well-being (Sellers, Copeland-Linder, Martin, & Lewis, 2006; Umaña-Taylor & Updegraff, 2007).

Several researchers have proposed an ecological risk and resilience framework to understand social problems, including racial discrimination, and their effects (Fergus & Zimmerman, 2005; Garmezy, 1991; Kirby & Fraser, 1997; Zimmerman & Arumkumar, 1994). According to this framework, within each context that the adolescent interacts with (e.g., family, neighborhood, society), he or she is exposed to risk factors (e.g., racial discrimination) that increase the likelihood of negative outcomes and protective factors (e.g., family or community cohesion) that help diminish the effects of risks. For example, research indicates that support and cohesion in the family context are protective against many types of stressors (Gorman-Smith, Henry, & Tolan, 2004; Kliewer et al., 2004), while violence and the absence of quality relationships in the family can amplify the consequences of stress (Kliewer et al., 2004). Just as family processes can influence how youth manage stress, parallel constructs at the neighborhood level may mitigate or exacerbate the effect of stressors on internalizing and externalizing symptoms (DiClemente et al., 2016; Maguire-Jack & Showalter, 2016; Mossakowski & Zhang, 2014; Riina, Martin, Gardner, & Brooks-Gunn, 2013).

1.1 | Neighborhood social processes: Social cohesion and social disorganization

As highlighted in ecological theories of development (e.g., ecological systems theory [Bronfenbrenner, 1979], life course theory [Elder, 1998]), neighborhoods are integral in forming community connections and socializing and supporting families (Madyun & Lee, 2017); and the social characteristics of the neighborhood are one factor that explain the association between neighborhood residence and youth's outcomes (Gorman-Smith et al., 1999, 2000; Leventhal & Brooks-Gunn, 2000; Sampson 1997). Neighborhood social processes, such as neighborhood cohesion and collective efficacy, can protect against a range of neighborhood stressors (Fagan, Wright, & Pinchevsky, 2014; Maguire-Jack & Showalter, 2016; Riina et al., 2013). For example, neighborhood cohesiveness can protect against the effects of community violence on positive affect, self-esteem, and ethnic identity for low-income, urban African American adolescents (e.g., DiClemente et al., 2016), and cohesion attenuates the association between neighborhood poverty and emotional well-being (e.g., depressive symptoms and oppositional behaviors) for diverse adolescents (e.g., Aneshensel & Sucoff, 1996).

In contrast, negative aspects of the neighborhood, such as neighborhood social disorganization, can exacerbate the effects of environmental stressors on depressive symptoms, school drop out, and behavioral outcomes of children and adolescents (Fitzpatrick, Wright, Piko, & LaGory, 2003; Harding, 2003; Kohen, Leventhal, Dahinten, & McIntosh, 2008). Thus, social aspects of the neighborhood also may influence how youth perceive and manage racial discrimination. This study focused on social cohesion and social disorganization given research suggesting that both of these neighborhood social processes influence how youth perceive and manage racial discrimination (Madyun & Lee, 2017; Meer & Tolsma, 2014; Yen & Syme, 1999).

1.1.1 | Social cohesion

Neighborhood social cohesion refers to the social connection between people living in the same neighborhood, and often is defined by trust and feeling connected to community members (Aneshensel & Sucoff, 1996; Sampson &

Wikstrom, 2008). Socially cohesive neighborhoods tend to be inclusive with shared values, communication, and monitoring among families (Rios, Aiken, & Zautra, 2012). There is evidence that neighborhood social cohesion is inversely associated with neighborhood poverty (e.g., Aneshensel & Sucoff, 1996) and community violence (e.g., DiClemente et al., 2016).

Supportive and cohesive neighborhoods may also help youth manage the effects of racial discrimination through the communal support neighborhood cohesion provides. Adolescents who reside in neighborhoods perceived as cohesive may have relationships with neighbors who can provide support for managing racial discrimination (Sampson, 2008). For example, the ties established between residents in the neighborhood allow for the exchange of information about experiences of racial discrimination and provide youth with messages about how to cope with racial discrimination (Stevenson, 1998). Or neighbors may intervene if they witness an adolescent being discriminated against, or may provide racial socialization messages that support adolescents who have encountered or witnessed racial discrimination.

Thus, the ties established between residents residing in cohesive neighborhoods may facilitate monitoring and socialization that aids adolescents contending with racial discrimination (Davis, 2014; Stevenson, McNeil, Herrero-Taylor, & Davis, 2005) and protect against problematic outcomes for youth who have experienced racial discrimination. In support of this contention, Riina and colleagues (2013) found that neighborhood cohesiveness weakens the effect of racial discrimination on externalizing symptoms (Riina et al., 2013). Likewise, other research has found that whether the experience of racial discrimination is associated with depressive symptoms varies based upon neighborhood social processes similar to cohesion, such as collective efficacy (Driscoll, Reynolds, & Todman, 2015).

1.1.2 | Social disorganization

Neighborhood social disorganization is characterized by visible signs of disorder in neighborhoods including the presence of people hanging out on the streets, violence, and physical deterioration of the environment (Bennett & Miller, 2006). Neighborhoods characterized by social disorganization may have little social control (e.g., low likelihood that neighbors will intervene if needed), lack neighborhood resources (e.g., funding to maintain the community upkeep), and have safety concerns, such as violence (Bowen, Bowen, & Ware, 2002). If youth experience racial discrimination and reside in neighborhoods characterized by disorder, they may perceive less safety and willingness of their neighbors to intervene during experiences of racial discrimination, which could result in a multiple negative outcomes (e.g., depressive symptoms, violence, social withdrawal).

Adolescents who experience racial discrimination and live in neighborhoods characterized by social disorganization could experience difficulty coping with both racial discrimination and neighborhood disorganization (Ingoldsby & Shaw, 2002), and they may be at greater risk for depressive symptoms and other adjustment difficulties (Leventhal & Brooks-Gunn, 2000) compared to youth residing in neighborhoods with less disorganization. Parents who perceive neighborhood social disorganization may focus more on addressing safety than discussing racial discrimination with youth; or parents may limit adolescents' interactions with neighbors, thereby decreasing social support and possibly limiting or preventing collective socialization about racial discrimination (Bowen et al., 2002).

1.1.3 | Differences for boys and girls

Prior research has identified gender variations in the role that neighborhood processes have in the association between stress and negative outcomes (Cooper, Brown, Metzger, Clinton, & Guthrie, 2013; Fitzpatrick, Piko, Wright, & LaGory, 2005). For example, Fitzpatrick and colleagues (2005) found that social relationships in family and community contexts protected against the effects of contextual stress for African American girls, but not for boys. Additionally, Cooper and colleagues (2013) found that racial discrimination was unrelated to school behavior problems and engagement for boys who reported having a community mentor, an indicator of neighbourhood support, but racial discrimination was related to less positive school adjustment (i.e., more school behavior problems) and less school engagement for boys with no mentor presence in their lives. These studies indicate that there may be gender differences in the role that neighborhood processes have in the link between stressors and youth outcomes.

While the limited research examining how neighborhood processes may moderate the effects of racial discrimination did not find differences for boys and girls (Riina et al., 2013), the effects of neighborhood cohesion may be more apparent for girls, who more often use social support to manage stress (Frydenberg & Lewis, 1991; Piko, 2001). The impact of neighborhood cohesion may be more evident for girls because they tend to be more affiliative than boys (Frydenberg & Lewis, 1991) and are more likely to rely on others when problem solving or managing stressors (Piko, 2001). Neighborhood cohesion may increase the likelihood that girls will seek and receive support from neighbors (Plybon, Edwards, Butler, Belgrave, & Allison, 2003) to manage racial discrimination, thereby potentially reducing the effects of racial discrimination for girls. In contrast, neighborhood disorganization likely exacerbates the effects of racial discrimination for boys and girls. Youth who contend with multiple risk factors, such as racial discrimination and neighborhood disorganization, may be reticent to seek support or be socialized not to trust others due to potential danger or threats within their community and thereby may be less likely to recognize or utilize appropriate neighborhood social support.

1.2 | Present study

Adolescents' neighborhood social environment can influence how they experience and manage racial discrimination (Sampson, Morenoff, & Gannon-Rowley, 2002), with adverse consequences for their emotional and behavioral adjustment; while there is some evidence that this is the case for externalizing problems (e.g., Riina et al., 2013), it is not clear how perceived neighborhood social processes moderate the association between racial discrimination and depressive symptoms for urban African American adolescents. Thus, this study examined perceived neighborhood social cohesion and neighborhood social disorganization as moderators of the association between racial discrimination and depressive symptoms for African American adolescent boys and girls. It was hypothesized that social disorganization would exacerbate and social cohesion would mitigate the positive association between racial discrimination and depressive symptoms for boys and girls. However, it was predicted that the protective effect of social cohesion would be more pronounced for girls who are more affiliative (Frydenberg & Lewis, 1991) and commonly utilize social support in managing stressors (Piko, 2001).

2 | METHOD

2.1 | Participants

The current study comprised 106 (57% female) African American adolescents (mean age = 15.14; standard deviation [SD] = 1.13) in Grades 7–12 (mean grade = 9.81; SD = 1.28) from an eastern metropolitan city in the United States. These participants were a part of a larger community based research project exploring family communication regarding experiences with race-related and neighborhood stress, and how families manage these stressors (e.g., see Saleem & Lambert, 2015). Most of the adolescents (92%) in the current study resided with their biological mothers and completed the study with this female caregiver.

2.2 | Procedure

Flyers, newspapers advertisements, and community agencies that serve ethnic minority adolescents and parents were utilized to recruit for the study. Given the study focus on neighborhood and race-related stress, our recruitment efforts took place in communities with high proportions of ethnic minority families based on research indicating that youth and their families are disproportionately exposed to these types of stress (Gonzales & Kim, 1997; Morrison Gutman, McLoyd, & Tokoyawa, 2005). Trained research assistants screened families over the phone and provided information about the procedures and goals. The inclusion criteria required participation from a female parent or guardian with an African American adolescent between 14 and 17 years of age. Interviews took place at participants' homes and local community sites and lasted approximately 2 hours. Parental consent and adolescent assent were obtained, and

parents and adolescents reported about their experiences with racial discrimination, depressive symptoms, and neighborhood social processes as part of a larger study focused on neighborhood and race-related stress. Interviews lasted 1½ to 2 hours, and families were financially compensated for their participation. The university's internal review board approved the study procedures.

2.3 | Measures

2.3.1 | Racial discrimination

The Perceived Racism Scale-Child (Nyborg & Curry, 2003) examines the frequency youth have experienced personal racism. We used the six-item Personal Incidents with Racism subscale to assess youth's experiences with racial discrimination (e.g., "I have been called bad names because I am Black"). Youth rated their racial discrimination experiences on a 6-point Likert scale ranging from 0 (*not applicable*) to 5 (*several times a day*). A mean total score for adolescent reported racial discrimination was calculated; higher scores indicated more encounters with racial discrimination. The subscale of Personal Incidents with Racism ($\alpha = .82$) had good internal consistency.

2.3.2 | Depressive symptoms

The 13-item Short Mood and Feelings Questionnaire (SMFQ; Angold, Costello, Messer, & Pickles, 1995) assesses adolescents' depressive symptoms. Adolescents reported, within the past 2 weeks, the extent to which they agreed with each statement (e.g., "I cried a lot"; "I felt miserable or unhappy") using a 3-point Likert scale ranging from 0 (*not true*) to 2 (*true*). Using a calculated mean score, high scores on the SMFQ indicated more depressive symptoms. In the current sample, the internal consistency for the SMFQ was .90.

2.3.3 | Neighborhood social cohesion

The three-item Social Cohesion subscale of the Subjective Neighborhood Scale (Aneshensel & Sucoff, 1996) measured adolescents' subjective appraisal of social cohesion in their neighborhoods. Appraisal of neighborhood social cohesion was rated with a 4-point Likert scale ranging from 1 (*strongly agree*) to 4 (*strongly disagree*). The mean of the items was calculated to create a total score, with higher scores indicating more neighborhood social cohesion. The Social Cohesion subscale had acceptable reliability in the current sample ($\alpha = .64$) and has been shown to be reliable in samples of urban minority youth (Nebbitt & Lombe, 2007; Upchurch, Aneshensel, Sucoff, & Levy-Storms, 1999).

2.3.4 | Neighborhood social disorganization

The seven-item Social Disorganization subscale (Miller, Webster, & MacIntosh, 2002) of the Urban Hassle Index Measure (Miller et al., 2002) assesses adolescents' perception of social disorganization in their neighborhoods. Appraisal of neighborhood social disorganization was rated with a 4-point Likert scale ranging from 1 (*strongly agree*) to 4 (*strongly disagree*). The mean of the items was calculated to create a total score, with higher scores indicating more neighborhood social disorganization. The Social Disorganization subscale had good reliability in this sample ($\alpha = .77$).

3 | RESULTS

3.1 | Descriptive statistics

Means, standard deviations, and bivariate associations for study variables are presented in Table 1. Of the sample, 75% reported at least one experience with discrimination due to race within the past 12 months. Reports of racial discrimination differed by gender; boys reported more experiences with racial discrimination compared to girls. However, reports of social cohesion, social disorganization, and depressive symptoms did not differ by gender. There was a positive association between racial discrimination and social disorganization for girls ($r = .32, p < .05$), and there was

TABLE 1 Means, standard deviations, and correlations for study variables

Variable	1.	2.	3.	4.
1. Racial discrimination	–	–.26*	.32*	.22
2. Social cohesion	–.03	–	–.03	–.17
3. Social disorganization	.26	–.05	–	–.34
4. Depressive symptoms	.15	–.06	.09	–
Female means (SD)	.70 (.76)	3.20 (.55)	.82 (.63)	1.46 (.42)
Male means (SD)	1.06 (.87)	3.29 (.54)	.76 (.57)	1.36 (.39)
T-test	2.23*	.88	–.51	–1.23

Note. SD = standard deviation. Correlations for females are above the diagonal. Correlations for males are below the diagonal. * $p < .10$. ** $p < .05$. *** $p < .01$. **** $p < .001$.

TABLE 2 Tests of interactions between racial discrimination, social cohesion, and gender

	B	SE B	t
Racial discrimination	.28	.36	.77
Social cohesion	–.15	1.08	–.14
Gender	1.77	1.07	1.66
Racial Discrimination X Social Cohesion	–.45	.23	–1.94 ⁺
Racial Discrimination X Gender	–.02	.23	–.08
Social Cohesion X Gender	–.15	.67	–.23
Racial Discrimination X Social Cohesion X Gender	.24	.13	1.80
R ²	.10		

Note. SE = standard error; B = unstandardized regression coefficients; β = standardized regression coefficients.

⁺ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

negative association between racial discrimination and social cohesion for girls ($r = -.26$, $p < .05$). There were no significant bivariate correlations for boys.

3.2 | Neighborhood social processes as moderators of link between racial discrimination and depressive symptoms

To examine whether neighborhood social cohesion, neighborhood social disorganization, and gender moderated the associations between racial discrimination and depressive symptoms, analyses were conducted using the PROCESS macro in SPSS (Hayes, 2012); simple slopes and the Johnson-Neyman (1936) approach were utilized to define regions of significance. Neighborhood social cohesion and neighborhood social disorganization were examined as moderators in separate models; thus, two separate regressions were performed. The variables (i.e., racial discrimination, neighborhood social cohesion, neighborhood disorganization) were centered, and interaction terms were created using these mean-deviated scores. In each regression, depressive symptoms were regressed on racial discrimination, one neighborhood social process, and adolescents' gender; two-way interactions between racial discrimination and a neighborhood social process were included within the model, along with the three-way interaction between racial discrimination, a neighborhood social process, and adolescents' gender. Moderation was confirmed if after controlling for lower order terms, the effect of the interaction term was significant.

The regression of depressive symptoms on racial discrimination, neighborhood social cohesion, and gender was not significant (see Table 2). The two-way interaction between racial discrimination and social cohesion approached significance ($\beta = -.045$, $t = -1.94$, $p = .06$). The effect of racial discrimination on depressive symptoms was examined at different levels of the moderator. The results revealed a marginally significant positive association between racial

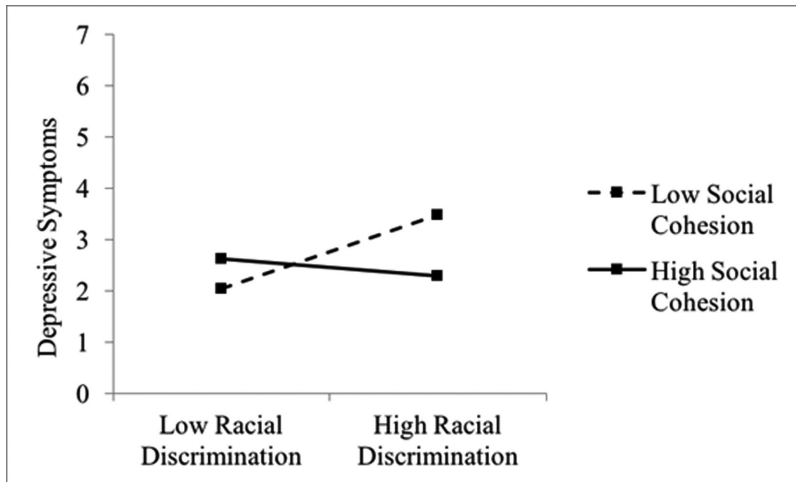


FIGURE 1 Interaction between racial discrimination and social cohesion

TABLE 3 Tests of interactions between racial discrimination, social disorganization, and gender

	<i>B</i>	<i>SE B</i>	<i>t</i>
Racial discrimination	.43	.37	1.17
Social disorganization	-.35	.60	-.58
Gender	.93	1.07	.87
Racial Discrimination X Social Disorganization	-.25	.11	-2.16*
Racial Discrimination X Gender	-.18	.24	-.74
Social Disorganization X Gender	.43	.36	1.19
Racial Discrimination X Social Disorganization X Gender	.14	.06	2.16*
<i>R</i> ²	.14*		

Note. SE = standard error; *B* = unstandardized regression coefficients; β = standardized regression coefficients.

* $p < .10$. ** $p < .05$. *** $p < .01$. **** $p < .001$.

TABLE 4 Test of effects of social disorganization for males

	<i>B</i>	<i>SE B</i>	<i>t</i>
Social disorganization 10 th percentile	.67	.32	2.12*
Social disorganization 25 th percentile	.46	.23	2.02*
Social disorganization 50 th percentile	.25	.16	1.54
Social disorganization 75 th percentile	.04	.16	.27
Social disorganization 90 th percentile	-.17	.21	-.79

Note. SE = standard error; *B* = unstandardized regression coefficients; β = standardized regression coefficients.

* $p < .10$. ** $p < .05$. *** $p < .01$. **** $p < .001$.

discrimination and depressive symptoms for adolescents in neighborhoods characterized by low social cohesion ($\beta = .24$, $t = 1.78$, $p < .10$), but there was no association for adolescents reporting high social cohesion ($\beta = .06$, $t = .43$, ns ; see Figure 1).

When regressing depressive symptoms on racial discrimination, neighborhood social disorganization, and gender a significant three-way interaction ($\beta = .14$, $t = 2.16$, $p < .05$) was indicated (see Table 3). To better understand the interaction, the conditional effect of racial discrimination on depressive symptoms was examined at varying percentile levels of the moderator (i.e., simple slopes) using the PROCESS macro (see Table 4). The results revealed a significant positive

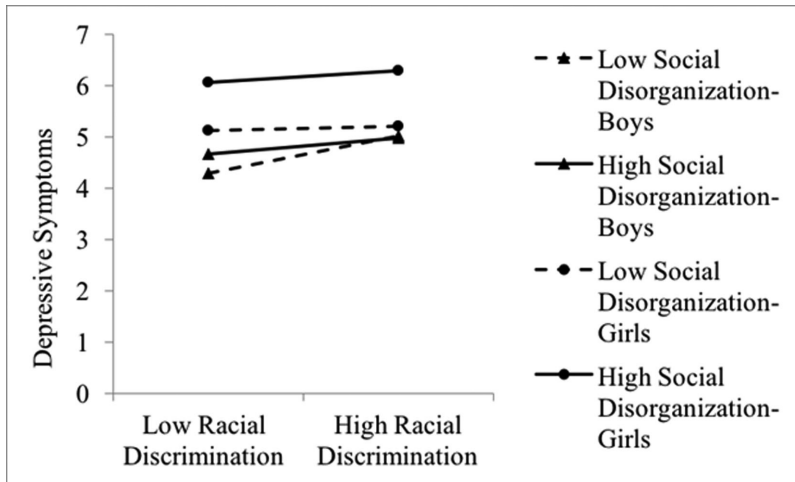


FIGURE 2 Interaction between racial discrimination, social disorganization, and gender

association between racial discrimination and depressive symptoms for boys who reported low neighborhood social disorganization at the 10th ($\beta = .67, t = 2.12, p < .05$) and the 25th percentiles ($\beta = .46, t = 2.02, p = .05$), but the association between racial discrimination and depressive symptoms for boys reporting higher levels of social disorganization at the 50th, 75th, or 90th percentiles was not significant. There were no significant interactions for girls, but there was a main effect of neighborhood social disorganization ($\beta = .55, t = 2.35, p < .05$); neighborhood social disorganization was positively associated with depressive symptoms (see Figure 2).

4 | DISCUSSION

Prior studies highlight the importance of neighborhood social factors in managing stress, but limited research has examined how youth's perception of neighborhood social factors influence how racial discrimination affects their psychological outcomes. The present study examined neighborhood social cohesion and disorganization as moderators of the association between racial discrimination and depressive symptom and investigated whether the effects of neighborhood social processes differed for boys and girls. The findings revealed a marginal protective effect of socially cohesive neighborhoods for boys and girls. Contrary to expectation, the effects of racial discrimination on boys' depressive symptoms were apparent only for boys who perceived less social disorganization. The findings of this research underscore the relevance of the neighborhood context for African American adolescents and provide information about how racial discrimination and neighborhood social process interact to influence adolescents' depressive symptoms.

The protective effect of neighborhood social cohesion against racial discrimination is consistent with prior literature demonstrating that neighborhood social processes are protective against a range of environmental stressors for boys and girls (Maguire-Jack & Showalter, 2016; Riina et al., 2013). For example, prior research indicates neighborhood social cohesion reduces the negative effects of community violence (e.g., Aneshensel & Sucoff, 1996) on internalizing outcomes and the effects of racial discrimination (Riina et al., 2013) on externalizing outcomes for boys and girls. Socially cohesive neighborhoods could be beneficial to boys and girls who experience racial discrimination by allowing adolescents to seek and receive support from neighborhood peers and adults by discussing how to manage racial discrimination. This type of support could prevent youth from internalizing experiences with racial discrimination, thereby increasing their mood, self-worth, and feelings of safety and support (Thomas, Caldwell, Jagers, & Flay, 2016). For example, in socially cohesive neighborhoods community members may have discussions about where they have experienced racial discrimination and from whom (Riina et al., 2013), thereby increasing awareness and possibly providing youth with messages about coping strategies for racial discrimination (Stevenson, 1998).

The findings suggest that in neighborhoods with low cohesion, racial discrimination is linked with more symptoms of depression for boys and girls. African American boys and girls who contend with racial discrimination and perceive low neighborhood cohesion may feel particularly vulnerable if they experience both contextual stressors; adolescents may experience sadness due to the uncontrollable and persistent nature of racial discrimination and the lack of neighborhood cohesiveness. Therefore, depressive symptoms may be exacerbated for youth who perceive less neighborhood social cohesion. Although it was expected that neighborhood social cohesion might be more protective for girls, findings indicated that the effect of cohesion was the same for girls and boys. This hypothesis was speculative because girls more often seek out and benefit from social support in managing adversity (Jordan, 2013) including stress from racial discrimination. The results from this study indicate that cohesion may benefit boys and girls similarly.

Contrary to our hypothesis that social disorganization would exacerbate the positive association between racial discrimination and depressive symptoms for both boys and girls, the results indicated that more racial discrimination was associated with higher reports of depressive symptoms for boys in neighborhoods low in social disorganization. Boys living in neighborhoods with low social disorganization may experience fewer contextual stressors (e.g., community violence exposure), and the presence and effect of racial discrimination may be clearer when there are fewer stressors in the neighborhood context (Sanders-Phillips, 2009). On the other hand, in the context of high social disorganization, racial discrimination may not influence boys' depressive symptoms because the chronic stressors associated with neighborhood disorganization are more salient and concerning. In other words, where there are limited contextual stressors, the effect of racial discrimination may be evident.

For girls, neighborhood disorganization did not influence the association between racial discrimination and depressive symptoms. This finding may be because adolescent girls are more likely to participate in indoor social activities (Fairclough, Boddy, Hackett, & Stratton, 2009) if their neighborhood is characterized by disorganization, while boys' social activities continue to take place outside; if so, the effects of neighborhood disorganization may be less evident for girls. In disorganized neighborhoods, parents may alter their parenting strategies based on the gender of their child, which can include providing stricter child monitoring in the neighborhood environment (Li, Feigelman, & Stanton, 2000) for girls. Parents may limit girls' neighborhood exposure, put increased monitoring in place, and encourage girls to rely on family for social support in managing racial discrimination within socially disorganized neighborhoods.

4.1 | Implications for future research

Results from this research suggest that neighborhood cohesiveness can be beneficial for adolescents' psychological health, particularly youth exposed to race related stressors. Given the positive mental health outcomes associated with social cohesion and connectedness more generally for adolescents (Aneshensel & Sucoff, 1996; DiClemente et al., 2016), preventive interventions aimed at addressing adolescents' psychological health could benefit from working to increase not only general support and cohesion (Hogan, Linden, & Najarian, 2002; Walton & Cohen, 2011) but also neighborhood social cohesion. It would also be beneficial for interventions to target the reduction of neighborhood social disorganization.

In line with efforts to promote social cohesion and decrease social disorganization, successful parent and family-based interventions have documented how to integrate race, culture, and community factors within their design and these methods would be important to integrate with neighborhood-focused interventions; one such intervention is the Black Parenting Strengths and Strategies (BPSS; Coard, Foy-Watson, Zimmer, & Wallace, 2007). The BPSS provides parenting strategies that assist parents in managing conduct problems, promoting social and cultural competence, and helping their children cope with racial discrimination. Similar programs could be based in neighborhoods to help educate youth on best strategies for managing race-related stressors, provide information to parents on how address social disorganization within their community, and empower families to utilize neighborhood residents as sources of support. Ideally, neighborhood-based programs could enhance social interaction among neighborhood residents and foster positive relationships so that families can help monitor and support youth in managing the effects of racial discrimination and social disorganization.

Relatedly, implementing programs and policies that promote factors relevant for increasing cohesion and decreasing disorganization in neighborhoods would be beneficial for youth at risk for symptoms of depression, including youth who experience racial discrimination. Prior research has indicated a range of factors that promote neighborhood social cohesion and trust, including high rates of home ownership, stable and long-term residents, extended families presence, close connections among neighbors, attendance at local centers of worship, and the use of amenities such as parks, recreation centers, and libraries (Uchida, Swatt, Solomon, & Varano, 2014).

Identifying and utilizing churches, schools, and recreational centers to develop programming in neighborhoods is an important future direction for promoting social cohesion and positive health outcomes particularly among African American adolescents. This programming could be expedited by the establishment of policies focused on the development and implementation of culturally relevant interventions that promote social cohesion such as The African American Knowledge Optimized for Mindfully-Healthy Adolescents Project (Breland-Noble, Burriss, & Poole 2010). Furthermore, the establishment of funding for community spaces that foster cohesion and combat disorganization, such as community centers, parks, and libraries, particularly in neighborhoods with high incidents of racism, disorder, and/or disorganization, is an important future direction for working to help maintain the cohesive climate of a neighborhood or to help generate a cohesive culture.

4.2 | Strengths and limitations

A primary strength of the present study is the examination of how the racial discrimination–depressive symptom link detailed in prior research with African American adolescents may vary depending on neighborhood social processes. Limited prior research has examined how social factors of the neighborhood moderate the effect of racial discrimination on the depressive symptoms adolescents report. The present study's emphasis on neighborhood social processes provides evidence that neighborhoods can be a strong influence for many African American families in managing stress (Sampson, 2008), including stress from racial discrimination. The findings indicate that it is not solely individual and family differences that influence the effects of racial discrimination for youth, but also the broader contexts that adolescents participate in.

The strengths of the current study should be considered in the context of some limitations. Because the study was cross-sectional, it is not possible to establish temporal precedence to understand whether depressive symptoms are driving perceptions of racial discrimination and neighborhood social processes, or whether those factors are driving adolescents' depressive symptoms. While prior research shows that racial discrimination experiences predict depressive symptoms and not the reverse (English, Lambert, & Jalongo, 2014), examining these variables longitudinally can provide information about the direction of effects by revealing how race-related stress and neighborhood factors interact overtime to predict youth's depressive symptoms. Relatedly, future research aimed at assessing whether experiences with racial discrimination and neighborhood social processes change throughout adolescence will provide greater insight for crucial time periods of potential prevention and intervention efforts.

In terms of measurement, reliance on only self-report measures is a study limitation. Including multiple informants (e.g., parents and youth) can help decrease the likelihood of inflated correlations due to shared method variance, thereby increasing the clarity about the strength of effects. Future studies also can benefit from the inclusion of objective indicators of neighborhood context such as crime reports and racial/ethnic composition. Because neighborhood perceptions can be distinct from objective measures of neighborhood characteristics (e.g., Weden, Carpiano, & Robert, 2008), the inclusion of both objective and subjective measures would provide a more complete assessment of the neighborhood context and insight to neighborhood dynamics, characteristics, and effects (Roosa, Jones, Tein, & Cree, 2003; Roosa, White, Zeiders, & Tein, 2009).

In the current study, our measure of racial discrimination did not specify the context in which the discrimination occurred. Therefore, we are unaware if experiences of discrimination happened in the neighborhood context. Future studies should make distinctions between the different contexts that one may experience racial discriminations, such as distinctions between neighborhoods and schools; this would be helpful in assessing differential risk and protective social processes within various environments and clarify if adolescents are similarly connected to

the people in their neighborhoods compared to alternative supports in the home or at school, such as parents or teachers.

Some characteristics of the sample limit the generalizability of the findings to all African American families. This sample comprised female caregivers; while this is consistent with census data indicating that the largest proportion of African American families with children younger than 18 years of age are found in households with one female caregiver (Vespa, Lewis, & Krieder, 2013), this sample does not reflect the heterogeneity of African American family structures. These data were collected within an eastern metropolitan city; research focused on multiple geographical regions may capture a more diverse demographic of African American families and allow for a better understanding of the effects of neighborhood cohesion and neighborhood disorganization across various neighborhood contexts. Future research with African American adolescents from diverse family structures and geographic regions will provide a more in-depth understanding of the effects of racial discrimination as it influences depressive symptoms in specific neighborhood environments.

While our focus on individual neighborhood social processes was a strength, the current study did not include family and neighborhood characteristics that may influence adolescents' perceptions of social processes and their experiences with racial discrimination such as diversity in race/ethnicity, socioeconomic level, and crime level; future research should consider these factors in data recruitment as well as analyses aimed at understanding effects of racial discrimination. For example, prior research provides evidence that the racial demographics of a neighborhood can influence African American adolescents' experiences of discrimination and social connectedness (Hunt, Wise, Jigguep, Cozier, & Rosenberg, 2007). Some studies indicate a positive link between racial/ethnic minority composition and risk factors such as crime and neighborhood disadvantage (Morenoff, Sampson, & Raudenbush, 2001; Williams & Collins, 2001), which could impact adolescents' perceptions of their neighborhood social process, how they manage racial discrimination, and the psychological effects of these factors. Neighborhood features such as neighborhood racial and ethnic diversity and economic level, among others, may also contribute to the balance or imbalance of cohesion and disorganization within the neighborhood. It is important to note that neighborhood social processes may have individual and combined effects. Future studies would benefit from examining how neighborhood social processes operate together in understanding the effect of racial discrimination on youth's depressive symptoms while also considering family and neighborhood demographics.

4.3 | Conclusion

The results of this study suggest that adolescents' perceptions of social processes within their neighborhood can influence how African American families manage racial discrimination, which may influence the effect that racial discrimination has on boys' and girls' depressive symptoms. Neighborhood cohesion may be a protective factor for boys and girls contending with racial discrimination. For boys who perceive less neighborhood disorganization, racial discrimination may have a greater influence on their depressive symptoms. The findings highlight the relevance of the neighborhood context for African American adolescents and provide information about how racial discrimination and neighborhood context interact to influence adolescents' depressive symptoms. The results have implications for intervention and prevention efforts that utilize positive neighborhood social processes for youth contending with racial discrimination.

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