Stressful life events and coping in college students

Tiffany Leigh Brown

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STRESSFUL LIFE EVENTS AND COPING
IN COLLEGE STUDENTS

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
in
Psychology

by
Tiffany Leigh Brown
June 1994
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Approved by:

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5/25/94

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ABSTRACT

A large proportion of stressful life events research studies has focused on a single moderating variable that influences outcomes in adults. Few studies have looked at stress and coping during adolescence and the particular demands that are placed on individuals in this developmental stage. The present study was designed to examine the relationship between overall stressful life events and stress related to exposure to violence, level of coping, and number of social supports on self-perception and depression in older adolescents. The study included 250 college students between the ages of 18-20 and test several hypotheses. The hypotheses tested whether individuals who: 1) experienced high levels of stressful life events, 2) high impact of violent experiences, 3) utilized low numbers of coping styles, 4) had low numbers of social supporters; would report 1) lower levels of perceived global self-worth, 2) lower levels of abilities and competencies, 3) fewer social relationships and 4) higher levels of depression. Subjects were asked to complete the Life Experiences Survey, Ways of Coping Checklist, Social Support Appraisal Scale, Violent Experiences Scale, Self-Perception Profile for College Students, and the Beck Depression Inventory. Two three-way MANOVA's were performed to analyze the data. The findings indicate that older adolescents who had low levels
of stressful life events, lower numbers of coping strategies and/or high numbers of social supporters were less depressed than other adolescents. Additionally, adolescents who reported high levels of stressful life events and high numbers of social supporters were less depressed than those who had high levels of stressful life events but low numbers of social supporters. Furthermore, adolescents who reported that they were highly impacted by violent experiences and used higher numbers of coping strategies were less depressed than those who were highly impacted by violent experiences but used low numbers of coping strategies. Similarly, among those highly impacted by violent experiences, having high numbers of social supporters resulted in lower levels of depression compared to those having low numbers of social supporters. Finally, adolescents who reported high levels of stressful life events reported more competencies and abilities when they utilized high numbers of coping strategies and had high numbers of social supporters compared to those who utilized low numbers of coping strategies and had few social supporters. These findings suggest that the impact of coping strategies and social support differ depending on the nature of the stressor (e.g. life events vs. violence). Thus, further research in this area must note that a variety of factors impact psychological outcomes including at minimum, the type of
stressor, the types of coping strategies utilized and the numbers of social supporters available.
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INTRODUCTION

In recent years there has been increasing interest in stress and the psychological as well as physiological effects that it exerts on individuals. While several studies have been conducted on the influence that stress has on adults and children, less is known about how adolescents respond to the stress that is being placed upon them. Studies on adolescents' ability to deal with stress are still needed to determine if the same effects that are seen in adults and children are also exhibited in adolescents. Early research suggests that adolescents' responses to stress is affected by coping style (Folkman, Lazarus, Dukel-Schetter, Delongis & Gruen, 1986; Folkman, Lazarus, Gruen, & Delongis 1986; Richman, & Flaherty, 1986; Wertlieb, Weigel & Feldstein, 1987) and social support (Peters, 1988; Vaux, 1987). While each of these factors individually can account for some variation in the effects that stress can have on adolescents, there is growing support for studying the combined effects of each of these factors.

In a study conducted by Smith, Smoll and Ptacek (1990), they indicated that the one consistent finding cited in the literature on stress is the considerable variability in individual responses to high levels of stress. Similarly, Rutter (1979) and Garmezy (1981) have suggested that the varying results that have been found in stress studies may
be attributed to the moderating effects that several variables have on one another. They have suggested that individual resiliency to stress is influenced by a combination of variables, that buffer the adolescent from the harmful effects of stressful life events. These findings are supported by several studies (Block & Block, 1980; Compas, 1987; Luthar, 1991) which found that resiliency was composed of multiple variables including social, situational and individual differences that interact with one another and influence how resistant an individual would be to the negative effects of stress. Thus, when some individuals are faced with a number of stressful events other factors help to buffer the impact that we would expect this high level of stress to have on their lives. The abilities of each of these variables to help cushion the adolescent against the expected negative outcomes of high levels of stress has not been addressed sufficiently.

Similarly, Kobasa (1979) pointed out that while many stress studies were looking for the negative effects of stress on individuals, few addressed the issue that some subjects with high levels of stressful events were not exhibiting harmful consequences. Researchers have now begun to look at resiliency as a way to explain why some individuals who experience high levels of stress are still able to function effectively (Luthar, 1991; Masten &
Garmezy, 1985; Garmezy & Masten, 1986). Beardslee (1989) defines resiliency as "unusually good adaptation in the face of severe stress" (p.267). The earliest studies on resiliency were focused primarily on either adults (Beardslee, 1989; Quinton, Rutter, & Liddle, 1984) or children (Garmezy & Masten, 1986; Garmezy, Masten, & Tellegen, 1984; Garmezy, Masten & Tellegen, 1986; Garmezy & Tellegen, 1984; Werner, & Smith, 1982). Few studies have looked at resiliency in adolescents.

One researcher who has studied resiliency in this population is Luthar (1991), who focused on adolescents in an effort to determine "whether variables identified as being protective at different ages served ameliorative functions during adolescence as well" (p.600). In this study, the relationship between stress levels and social competence was evaluated in inner city ninth grade students. Social competence scores were determined by using several measurements that included: peer ratings, school grades and teacher reports. Competencies in these areas was derived from others' perceptions of the subjects and not the subjects' own perceptions of themselves. Moderator variables that were thought to influence this relationship included: intelligence, internal locus of control, social skills, ego development and positive life events. Results indicate that ego development, internal locus of control and
social skills provided a protective factor against stress. Intelligence and positive life events were linked to increased vulnerability, which is contrary to the findings reported in studies of adult and child populations.

The study also looked at resilient adolescents who had unusually good coping skills despite severe stress. These resilient adolescents were identified as having the highest scores on measures including teacher ratings, peer ratings and school grades. These adolescents who were labeled as more resilient (i.e. competent) were found to be less depressed and anxious than adolescents with similar levels of stress. However, they were more depressed and anxious than were other adolescents with the same level of competence but who had lower stress levels. This suggests that even those adolescents who are more resilient to high levels of stress still are disadvantaged by high stress levels and would benefit from having fewer stressful events occurring in their lives.

Garmezy and Tellegen (1984) have also suggested that competence is one of the major outcome measures that has emerged in resiliency research. Most resiliency research emphasizes other individuals' perceptions to rate subjects' competencies. However, little is known about how the subjects themselves rate their competence. Subjects' own self-perception may lead to a greater understanding of how
adolescents interpret stressful events in their lives. How individual's judge their own competencies, in school, work and intelligence, as well as social relationships, may be influenced by stressful life events.

The importance of addressing these questions in research is to aid in identifying factors that help adolescents to be: 1) less vulnerable to stressful events, 2) less likely to feel depressed and 3) more likely to increase positive self-perception. While some of the variables that have been identified in adults as moderators of the effects of stress are similar for adolescents, others seem to have limited or negative effects on adolescents. Once variables are identified, at risk individuals can be identified and intervention programs can be initiated to help adolescents deal with stressful life events.

**Stressful Events**

Researchers (Cannon, 1932; Sleeve 1950) first began to look at stress in the context of physical changes within the body that occurred in response to environmental demands. In the late 1950's and 1960's there was a broadening of the topic of stress in the literature and the importance of psychological stress was addressed. For the proposed study, psychological stress is defined as "the relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and
endangering his or her well-being" (Lazarus & Folkman, 1984, p.19).

Current research on stress suggests that there is a relationship between high levels of stress and negative outcomes such as depression and other psychological difficulties and physical illness (Folkman et al, 1986). In adolescence, stressful life events have been linked to decreased school functioning. In particular, lower grade point averages have been reported in studies that looked at stress levels and academic achievement (Clark-Lempers, Lempers, & Netusil, 1990; DuBois, Feldner, Brand & Adan, 1992). Compas (1987) conducted a review of the numerous studies on life events and stress. He found that the correlation between stressful life events and psychological and physical dysfunction accounted for only 15% of the variation in symptoms. Stronger support was found for the negative effects that daily stressors had on psychological difficulties.

**Violence**

A specific type of stressful life event that has recently been studied is violence and the role it plays in affecting self-perception. While stressful life events in general can negatively effect adolescents, exposure to even small numbers of violent experiences may disproportionately influence distress. Coyne and Downey (1991) note that "past
or current victimization appears to be a strong risk factor for the development of lifetime mental health problems" (p. 417). Individuals who witness or are victims of violence that is repetitive and/or extreme report that it leaves them feeling powerless and demoralized. Perceived competence decreases and the adolescent may feel that coping skills and social supports that previously had been effective in dealing with events are not sufficient to deal with the violence. This may alter the adolescents perceived competencies and abilities in other areas in the future. In addition, exposure to violence has been linked to depression and other psychological disorders (Herman, 1986; Koss, 1990).

In a study conducted by Kaniasty and Norris (1992) 690 victims and non victims of violent and property crimes were followed in a longitudinal study to evaluate the buffering properties of social support. The study divided social support into two categories, perceived support and received support in order to measure their effects on depression, anxiety, fear of crime and hostility related to criminal victimization. Results of the study indicated that perceived support was more effective in buffering subjects from the negative psychological outcomes of victimization than was received support. However, either type of support
was more helpful in reducing excessive fears than no social support.

In another study, Schinke, Schilling, Barth and Gilchrist (1986) focused on 70 adolescent mothers who had been identified as being at high risk for family violence. A stress-management preventative intervention was conducted with 33 of the adolescent mothers in an attempt to help reduce the risk of violence in the home. Those mothers who participated in the intervention program which emphasized social support and different ways of coping reported less violent episodes than those mothers who did not participate in the intervention program. In addition, adolescents in the intervention program reported improvements in social support and cognitive problem solving. This suggests that those adolescents who do not have sufficient coping skills and social support to effectively deal with stressful situations may be impacted by violent experiences which negatively effects their own perception of their competency to deal with stressful events. However, when new skills were taught, there was less depression reported.

The role of violence as a stressor and its impact on self-perception appears to be important in adolescent adjustment. Violence has been linked to increased stress levels, decreased coping skills and increased overall level of depression. The number of exposures to violent
experiences appears to increase stress levels. In addition, how close the victim of the violent experience was to the individual also influences how traumatic the event will be to the adolescent.

However, faced with inconclusive findings regarding the relationships between life events and psychological adjustment, researchers have begun to use other methods to assess this possible relationship. Several studies have been conducted in an attempt to identify psychosocial moderating variables that could affect the magnitude of the correlation between stressful life events and various outcome measures (Smith et al., 1990).

Two variables that have been suggested to influence the degree to which stress effects adolescents are coping (Compas, 1987; Smith et al, 1990) and social support (DeLongis et al., 1988; Walker & Greene, 1987). Effective coping and social support help adolescents deal more effectively with stressful events in their lives and positively influences self-perception. When adolescents are able to successfully manage stressful events, they develop a sense of accomplishment and competence. They perceive themselves and their social interactions more positively. Thus, when stressful life events occur, effective coping and use of social support seems to help moderate the negative effects of stress and increase overall positive self-
perceptions. However, whether these buffers may be as effective in dealing specifically with exposure to violent experiences is unknown. Although violent experiences are believed to increase vulnerability, negatively influence self-perception and correlate positively with depression, its effects and factors which moderate its effects may differ from overall stressful life events.

Coping

One of the ways that research has suggested that individuals attempt to deal with stress is by employing different coping strategies. During adolescence, coping involves a "flexible orchestration of cognitive, social, and behavioral skills in dealing with situations that contain elements of ambiguity, unpredictability, and stress" (Bandura, 1981, p. 99). Learning how to cope with stress is one of the most difficult tasks that adolescents undertake during this stage of life. Often they are faced with many new life stressors and have not developed all the possible coping resources that are available to them (Patterson & McCubbin, 1987).

In discussing coping in adolescents, there is a need to address the wide disagreement within the field about how to define coping. While coping can be very widely defined, the narrower perspective of Lazarus and Folkman's (1984) definition of coping provides a useful guide for assessing
coping. They defined coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141).

Although there are many different types of coping strategies proposed in the literature, most approaches are based on a fundamental distinction between two factors (Compas 1991). These two factors, problem-focused and emotion-focused coping, are based on the model of cognitive appraisal suggested by Lazarus and Folkman (1984). According to this model, coping strategies that are intended to change or remove the stress are described as problem-focused. Those that are intended to control or change the emotional states associated with the stressor are called emotion-focused.

In a study conducted by Compas, Malcarne and Fondacaro (1988), adolescents' ability to generate alternative solutions to stressful events and the actual coping strategies that were used to deal with interpersonal and academic stressors were studied. It was found the emotion-focused coping was positively associated with social stressors but not with academic stressors. Problem-focused coping was negatively correlated with emotional symptoms.

In a review of coping studies, Compas (1991) found that the majority of studies on coping strategies suggest that
effective coping is characterized by flexibility in use of the two styles. No single style of coping has been found to be effective in dealing with all types of stress. Garmezy and Masten (1986) further state that "an adaptive person, whether adult or child, would be capable of a flexible repertoire of responses in various situations that have similar or varying degrees of arousal potential for the same individual" (p. 508). It now appears that it is not the particular type of coping that is most adaptive in dealing with stressful situations but rather having and using a wider range of coping skills.

Adolescents' perception of their own skills in dealing with stressful events can be affected by the number of coping strategies that they have developed. Walker and Greene (1987) state that "belief in one's personal efficacy may be an important personal resource for adolescents because it is likely to affect their ability and efforts in coping situations" (p. 30). They further suggest that when adolescents are faced with multiple stressful life events, those individuals who have developed a sense of competency will be more successful in effectively dealing with these events.

Social Support

In addition to coping styles, the role of social support has emerged as another important factor that
moderates the effects of stress (Cobb, 1976; Kessler & McLeod, 1985). Social support is often characterized as information that makes individuals believe that they are cared for and involved in a relationship with others (Cobb, 1976). Research on social support suggests that social relationships help individuals to adjust to stressful events and enables them to be more resilient to negative stress-related problems. While the positive effects that social support exerts in adulthood have been studied by numerous researchers, few have looked at social support in adolescence.

Barrera (1981) conceptualizes the role that social support can play in adolescence as including behaviors that assist the individuals in mastering emotional distress, providing advice, and sharing responsibility. DeLongis and his collaborators (1988) point out that "for people with support, fewer situations should tax or exceed their resources and, consequently, less stress should be experienced. Even when people do experience stress, having close others to rely upon should make it less likely that they will cope ineffectively and thus have a negative psychological or health outcome" (p. 487). In their study, DeLongis and his collaborators (1988) studied 75 married couples for a period of 6 months. The results indicated that those subjects who had unsupportive social
relationships were more likely to have increased psychological problems when under high levels of stress than those who had supportive social relationships. The impact of support was also evident in individuals who had low levels of stress but experienced small increases in stress during the study. While these findings, which suggest that social support moderates the negative impact of stress were based on adult research, preliminary studies with adolescents also provide some support for the positive effects of social support.

In a study with adolescents, Walker and Greene (1987) found that peer support buffered males against the negative impact of stress. However, high peer support did not buffer females from stress although low peer support was positively correlated with high psychophysiological symptoms. Thus, high peer support helped moderate the effects of stress in males and low peer support was detrimental to females' ability to cope with stress. Although the reasons for this are not entirely clear, it is possible that for adolescent girls receiving social support from others has higher "reciprocity" costs than it does for males. Ultimately these "reciprocity" demands may in themselves become stressors.

The previous study focused on the role of peer support in adolescence. However, it should be pointed out that peer
support is only one measure of social support that may moderate stress in adolescence and that there are other types of social support that need to be studied. For example, Kaplan, Robbins, and Martin (1983), found that peer support in adolescence was important in buffering the effects of stress but that family support was not. However, others (Walker & Greene 1987; Hotaling, Atwell, & Linsky, 1987) have found that parental support can help lessen the impact of stressful events. In addition, the role that significant others such as teachers, principals, and coaches play may also be important and should also be evaluated.

These contradictory findings regarding the role of social support in buffering the effects of stress suggest the need for further study. It may be that it is not necessarily the type of social support that an adolescent has but the number of differing supports (ie. peer, familial, etc.) that the adolescent has to draw from that helps provide the buffer from stressful events. Further more, gender role socialization may mediate response to social support.

Present Study

The present study examines the influence that stressful life events, coping and social support have on self-perception and depression in adolescents. In addition, exposure to violent experiences will be analyzed to
determine if they significantly affect adolescent outcomes. Adolescence is a unique period in development in which a number of new experiences and demands are being placed on the individual. Research on stress that has been conducted with children and adults cannot be generalized to this population because of social, environmental, psychological and physiological demands that are unique to this developmental stage (Jorgensen & Dusek, 1990). While studies focused on this developmental stage have increased, there still is a large gap in the literature with regard to studies that include only adolescents rather than combine adolescents and children.

The literature has pointed out that higher levels of stressful life events have been correlated with numerous negative outcomes. In adolescents, stress has been linked to poor self-perception, poor school performance and depression. While the majority of the studies have linked stress to negative outcomes, some studies have failed to find this relationship. Smith and his collaborators (1990) have suggested that the inconsistency in the findings may be due to other variables that buffer or moderate the negative effects of stress in adolescents.

Two variables that have been suggested to influence levels of stress are coping skills and social support. Studies on coping skills and social support have indicated
that in general these variables can help buffer adolescents from the negative effects of stressful life events. The studies suggest that utilization of a variety of coping strategies and the availability of multiple social supports decreases the negative effects of stress.

While each of these variables has been used individually to account for variations in outcome measures, few studies have included both moderating variables. It is expected that individually, each of these variables will account for some variation in outcome. Based on the literature, it is also expected that the impact of stress on depression and self-perception scores will be better understood when multiple variables are included in the study. The purpose of this study is to evaluate the impact of social support and coping styles on depression and self-perception among individuals as a function of stressful and violent life experiences. Six hypotheses are proposed:

1. Adolescents who report higher than average levels of stressful life events will report lower perceived abilities and competencies, lower perceived social relationships, lower global self-worth and higher levels of depression, compared to those who reported lower than average levels of stressful life events.

2. Adolescents who engage in more types of coping strategies than the average will report higher perceived
abilities and competencies, higher perceived social relationships, higher global self-worth and lower levels of depression, compared to those who engaged in fewer types of coping strategies.

3. Adolescents who report higher than average numbers of social supporters will report higher perceived abilities and competencies, higher perceived social relationships, higher global self-worth and lower levels of depression, compared to those who report lower than average numbers of social supporters.

4. Adolescents who report higher than average levels of violent experiences will report lower perceived abilities and competencies, lower perceived social relationships, lower global self-worth and higher levels of depression, compared to those who report lower than average levels of violent experiences.

5. Level of stressful life events, number of coping strategies, and number of social supporters will interact to impact adolescents perceived abilities and competencies, perceived social relationships, global self-worth and levels of depression.

6. Level of violent experiences, number of coping strategies, and number of social supporters will interact to impact adolescents perceived abilities and competencies,
perceived social relationships, global self-worth and levels of depression.
METHOD

Subjects

Subjects were 250 older adolescents from California State University, San Bernardino. Among the subjects, there were 106 men and 144 women. Their age ranged from 18 to 20 years, with a mean age of 19 years and 2 months. Several different ethnic backgrounds were represented including: Asian (13.6%), Black (11.2%), Caucasian (46.4%), Hispanic (22.4%), Native American (1.6%), and other (4.8%).

Subjects were volunteers recruited from psychology and other college classes. All subjects were treated in accordance with principle 9 of the ethical guidelines for Psychologist's as mandated by the American Psychological Association.

Materials

The data for this study was collected using a questionnaire format. The questionnaire packet included an informed consent form, a demographic form and six questionnaires. The questionnaires were comprised of self-assessment measures that employ a Likert scale format. The Life Experiences Survey (Sarason, Johnson, & Siegel, 1978) was used to measure life changes that exert a stressful impact on individual's lives. The Life Experiences Survey (See appendix A) is comprised of 60-items that are scored on a 7 point Likert scale. Test-retest reliability was between
.19 and .53 for the positive change score, between .56 and .63 for the negative change score and between .63 and .64 for the total change score (Sarason et al., 1978). This measure correlates significantly with the Beck Depression Inventory, the Psychological Screening Inventory and the Internal-External Locus of Control Scale, which suggests convergent validity.

The Life Experiences Survey used a 7 point Likert-Scale that ranges from extremely negative (-3) to extremely positive (3). The total scores on this questionnaire extended from -180 to 180. The higher the score the more the events had affected the subject. A positive score indicates that the events have positively affected the subject; a negative score indicates that the subject was negatively affected by the events. Positive and negative scores were combined and a mean split was performed on the total score to assign subjects to either the high or low stress level.

The types of coping strategies that subjects used was assessed using The Ways of Coping Checklist-Revised (Vitaliano, Russo, Carr, Maiuro & Becker, 1985). The original measure was a 68-item questionnaire based upon the transactional model of stress derived by Lazarus and Folkman. The revised version is a 42-item questionnaire that measures the subjects' use of several coping strategies.
(See appendix B). The measure is divided into two major types of coping, problem-focused and emotion-focused. Within the emotion-focused category there are four primary dimensions: seeks social support, blamed self, wishful thinking and avoidance. The problem-focused category has one primary dimension: problem-focused. Testing of this measure by Vitaliano and his colleagues (1985) indicated that the reliability coefficient alpha for each subscale is: .88 for problem-focused; .85 for wishful thinking; .75 for seeks social support; .78 for blamed self; and .74 for avoidance.

The Ways of Coping questionnaire uses a 4 point Likert-Scale that ranges from not used (1) to used a great deal (4). Scores on this questionnaire can vary between 42 to 168 points. This measure contains five subscales. In order to determine the variety of coping styles being used, each subject received one point for each subscale score that was above the scale mean and a zero for each score that was below the scale mean. These scores were then combined. Subjects were then assigned to either the high or low level of coping group by performing a mean split on the combined adjusted coping scores.

The Social Support Appraisal Scale (Vaux, 1987) was used to help identify the extent to which the subjects believed that they are loved by, cared for and involved with
family, friends, and others (See appendix C). It is based on Cobb's (1976) conceptualization of support. This measure is a 23-item questionnaire that is especially designed to tap into a variety of social supports that are available. Three subscales have been established with this scale and they include: family support, peer support and other support. The "family" subscale has 8 items and has an internal consistency of .90. The "friends" subscale has 7 items and an internal consistency of .83. The final subscale, "others" has 8 items and an internal consistency of .83. Convergent validity for this scale with several other scales tapping support has ranged from .50 to .80.

The Social Support Appraisal Scale contains 23-items and uses a 4 point Likert-Scale. Responses for this measure vary between strongly agree (1) to strongly disagree (4) and scores range between 23 and 92 points. In order to determine the number of different social supporters that the adolescent had available, each subject received one point for each subscale score that was above the scale mean and zero points for each score that was below the scale mean. These scores were then combined. Subjects were then assigned to either the high or low level of social support by performing a mean split on the combined adjusted scores.

The Violent Experience Scale for College Students (McClure, 1993) was used to measure subjects' exposure to
violence (See appendix D). This questionnaire asks the subject to indicate if they have experienced any of 15 different violent acts listed. The subject is then asked to identify who was involved in the event and to indicate on a 7 point Likert scale the amount of impact that the event had on their life, ranging from (1) no impact to (7) extreme impact. No reliability nor validity has been established on this measure at the present time.

The total possible score for this questionnaire ranges from 15 to 105 points. The higher the score on this measure the more impact violent experiences have had on the subject's life. A mean split was performed on the total score and subjects were assigned to either the high or low violence level.

The Self-perception Profile for College Students (Neemann & Harter, 1986) is a questionnaire that has been comprised to tap into how college student's perceive themselves in a wide range of situations. This measure contains 54-items (See appendix E). There are a total of 13 subscales, which make up three major content areas: 1) abilities and competencies; 2) social relationships; and 3) global self-worth.

Within the "abilities and competencies" area are the following subscales: a) creativity; b) intellectual ability; c) scholastic competence; d) job competence;
e) athletic ability. Within the "social relationships" content area are: a) appearance; b) romantic relationships; c) social acceptance; d) close friendships; e) parent-child relationships; f) humor; g) morality. The "global self-worth" area is derived from the score on that one subscale. The coefficient alpha for each of the subscales ranges from .76 to .92 for a pilot group of subjects from two colleges in Colorado.

The Self-perception Profile for College Students utilizes a 4 point Likert scale that ranges between really untrue for me (1) to really true for me (4). The total possible points for this questionnaire varies between 54 and 216. The total score indicates the degree of competence students perceive in themselves. The range of scores for the "abilities and competencies" dimension is 20 to 80, for the "social relationships" dimension is 28 to 112 and for the "global self-worth" dimension is 6 to 24.

The Beck Depression Inventory-revised (Beck & Beamesderfer, 1974) was used to assess severity of depression (See appendix F). The subjects are asked to chose between four statements that most resemble how they feel about themselves. Internal consistency for this measure is .86 and test-retest reliability ranges from .48 to .86.
The Beck Depression Inventory-revised has 21 questions and assigns responses scores between 0 and 3 points. The range of points possible on this measure varies between 0 and 63. The higher the total score on this measure, the more severe the depression.

The final portion of the questionnaire assessed demographics including age, gender, ethnicity, socio-economic status and high school graduation date (See appendix G).

Procedure

The researcher went to several classes at California State University, San Bernardino and requested volunteers to participate in this research study. The research participants were given an informed consent form (See appendix H) and the questionnaire packet and were asked to complete it in the following week. After completing the questionnaires, each subject was given a debriefing form (See appendix I). In addition, some subjects did receive extra credit slips for participating in the research.
RESULTS

Two three-way MANOVA's were performed to assess the six hypotheses. The independent variables that were used for the first MANOVA were: 1) severity of stressful life events, 2) level of coping, and 3) level of social support. The second MANOVA used the following as independent variables: 1) impact of violent life events, 2) level of coping and 3) level of social support. The same four dependent variables: 1) abilities and competencies; 2) social relationships; 3) global self-worth; and 4) level of depression, were used for both analyses. A p=.05 was the adopted significance level for all statistical analyses.

Stressful Life Events

The results of a three-way MANOVA indicated that depression was significantly affected by stressful life events, \( F(1,242) = 4.06, p < .05 \). Adolescents who reported high levels of stressful life events reported higher mean scores on depression than those adolescents who reported lower levels of stressful life events. No main effect of stressful life events was found for the three self-perception variables of global self-worth, abilities and competencies, and social relationships. These findings are reported in Table 1.
Table 1

Effect of Stressful Life Events on Perceived Global
Self-Worth, Abilities and Competencies, Social
Relationships and Depression

<table>
<thead>
<tr>
<th>Measures</th>
<th>Severity of Stressful Life Events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High Stress</td>
</tr>
<tr>
<td>Global Self-Worth</td>
<td>M=16.92 SD=3.91</td>
</tr>
<tr>
<td>Abilities and Competencies</td>
<td>M=54.64 SD=11.32</td>
</tr>
<tr>
<td>Social Relationships</td>
<td>M=71.79 SD=14.81</td>
</tr>
<tr>
<td>Depression</td>
<td>M=14.41 SD=9.73</td>
</tr>
</tbody>
</table>

*p< .05

Coping Strategies

The results of a three-way MANOVA indicated a
significant main effect of coping on depression $F(1, 242) = 18.19, p < .01$. As can be seen in Table 2, adolescents who utilize more coping strategies reported higher mean scores on depression than those who used fewer coping strategies. Perceived global self-worth, abilities and competencies, and social relationships were not found to be significantly affected by severity of stressful life events.
Table 2  
Effect of Number of Coping Strategies on Perceived Global Self-Worth, Abilities and Competencies, Social Relationships and Depression

<table>
<thead>
<tr>
<th>Measures</th>
<th>Coping Strategies</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High Cope</td>
<td>Low Cope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global Self-Worth</td>
<td>M=16.81</td>
<td>M=18.05</td>
<td>.11</td>
<td></td>
</tr>
<tr>
<td>SD=4.15</td>
<td>SD=3.59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abilities and Competencies</td>
<td>M=54.66</td>
<td>M=58.59</td>
<td>.59</td>
<td></td>
</tr>
<tr>
<td>SD=10.60</td>
<td>SD=10.09</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Relationships</td>
<td>M=71.88</td>
<td>M=77.91</td>
<td>1.44</td>
<td></td>
</tr>
<tr>
<td>SD=13.75</td>
<td>SD=14.46</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>M=15.26</td>
<td>M=8.47</td>
<td>18.19**</td>
<td></td>
</tr>
<tr>
<td>SD=9.62</td>
<td>SD=7.72</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**p < .01

Social Support

A three-way MANOVA was conducted to assess the effect of number of social supporters reported by subjects, on self-perception and depression in adolescence. As can be seen in Table 3, there was a main effect for number of supporters on all of the four dependent measures. Adolescents who reported higher numbers of social supporters perceived themselves as having greater global self-worth. $F(1,242) = 42.95$, $p < .01$, higher abilities and competencies...
$F(1,242) = 18.82, p < .01$, more social relationships
$F(1,242) = 50.01, p < .01$, and were less depressed $F(1,242) = 37.13, p < .01$.

Table 3

**Effect of Social Support on Perceived Global Self-Worth, Abilities and Competencies, Social Relationships and Depression**

<table>
<thead>
<tr>
<th>Measures</th>
<th>High Social Support</th>
<th>Low Social Support</th>
<th>$F$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Self-Worth</td>
<td>M=19.48</td>
<td>M=16.08</td>
<td>42.95**</td>
</tr>
<tr>
<td></td>
<td>SD=3.43</td>
<td>SD=3.56</td>
<td></td>
</tr>
<tr>
<td>Abilities and Competencies</td>
<td>M=60.96</td>
<td>M=53.96</td>
<td>18.82**</td>
</tr>
<tr>
<td></td>
<td>SD=10.58</td>
<td>SD=9.37</td>
<td></td>
</tr>
<tr>
<td>Social Relationships</td>
<td>M=83.51</td>
<td>M=69.35</td>
<td>50.01**</td>
</tr>
<tr>
<td></td>
<td>SD=13.06</td>
<td>SD=12.35</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>M=6.85</td>
<td>M=14.66</td>
<td>37.13**</td>
</tr>
<tr>
<td></td>
<td>SD=5.27</td>
<td>SD=10.03</td>
<td></td>
</tr>
</tbody>
</table>

** $p< .01$
Violent Experiences

The results of a three-way MANOVA on impact of violent experiences, failed to yield any group differences on perceived global self-worth, abilities and competencies, social relationships and depression. These findings are listed on Table 4.

Table 4

Impact of Violent Experiences on Perceived Global Self-Worth, Abilities and Competencies, Social Relationships and Depression

<table>
<thead>
<tr>
<th>Measures</th>
<th>High Violence</th>
<th>Low Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Self-Worth</td>
<td>M=17.30</td>
<td>M=17.71</td>
</tr>
<tr>
<td></td>
<td>SD=3.45</td>
<td>SD=4.13</td>
</tr>
<tr>
<td>Abilities and Competencies</td>
<td>M=56.51</td>
<td>M=57.32</td>
</tr>
<tr>
<td></td>
<td>SD=9.99</td>
<td>SD=10.74</td>
</tr>
<tr>
<td>Social Relationships</td>
<td>M=73.91</td>
<td>M=76.41</td>
</tr>
<tr>
<td></td>
<td>SD=13.65</td>
<td>SD=14.89</td>
</tr>
<tr>
<td>Depression</td>
<td>M=13.61</td>
<td>M=9.68</td>
</tr>
<tr>
<td></td>
<td>SD=9.12</td>
<td>SD=8.69</td>
</tr>
</tbody>
</table>
Stressful Life Events and Coping

The results of a three-way MANOVA indicated that there was no significant two-way interaction between stressful life events and coping on global self-worth, abilities and competencies, social relationships, and depression. The results are summarized in Table 5.

Table 5

Effect of Stressful Life Events and Number of Coping Strategies on Perceived Global Self-Worth, Abilities and Competencies, Social Relationships and Depression

<table>
<thead>
<tr>
<th>Measures</th>
<th>High Stress</th>
<th>Low Stress</th>
<th>High Stress</th>
<th>Low Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High Coping Strategies</td>
<td>Low Coping Strategies</td>
<td>High Coping Strategies</td>
<td>Low Coping Strategies</td>
</tr>
<tr>
<td>Global Self-Worth</td>
<td>M=16.28</td>
<td>M=17.28</td>
<td>M=17.53</td>
<td>M=18.38</td>
</tr>
<tr>
<td></td>
<td>SD=3.95</td>
<td>SD=3.83</td>
<td>SD=4.34</td>
<td>SD=3.47</td>
</tr>
<tr>
<td>Abilities and Competencies</td>
<td>M=53.79</td>
<td>M=55.84</td>
<td>M=55.84</td>
<td>M=59.77</td>
</tr>
<tr>
<td></td>
<td>SD=10.93</td>
<td>SD=11.88</td>
<td>SD=10.14</td>
<td>SD=9.03</td>
</tr>
<tr>
<td>Social Relationships</td>
<td>M=69.75</td>
<td>M=74.67</td>
<td>M=74.76</td>
<td>M=79.29</td>
</tr>
<tr>
<td></td>
<td>SD=12.69</td>
<td>SD=17.14</td>
<td>SD=14.72</td>
<td>SD=13.02</td>
</tr>
<tr>
<td>Depression</td>
<td>M=16.89</td>
<td>M=10.91</td>
<td>M=13.04</td>
<td>M=7.44</td>
</tr>
<tr>
<td></td>
<td>SD=9.56</td>
<td>SD=8.96</td>
<td>SD=9.34</td>
<td>SD=6.92</td>
</tr>
</tbody>
</table>
Stressful Life Events and Social Support

The results of a three-way MANOVA indicated that there was a significant two-way interaction between levels of stressful life events and numbers of social supporters on depression $F(1, 242) = 5.05$, $p < .05$. However, the interaction between these two independent variables on global self-worth, abilities and competencies, and social relationships was not significant. These results are summarized in Table 6.

Post-hoc analysis indicated that subjects who reported high levels of stressful life events and low social support were significantly more depressed than those subjects who reported low levels of stress and high social support, $t(108) = 8.37$, $p < .01$. Subjects who reported high levels of stressful life events and low social support were significantly more depressed than those subjects who reported high levels of stress and high social support, $t(101) = -6.97$, $p < .01$. Subjects who reported low stressful life events and low social support were significantly more depressed than those subjects who reported high levels of stress and high social support, $t(101) = -3.03$, $p < .01$. 
Table 6

Effect of Stressful Life Events and Social Supporters on Perceived Global Self-Worth, Abilities and Competencies, Social Relationships and Depression

<table>
<thead>
<tr>
<th>Measures</th>
<th>High Stress</th>
<th>Low Stress</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High Social Support</td>
<td>Low Social Support</td>
<td>High Social Support</td>
</tr>
<tr>
<td>Global Self-Worth</td>
<td>M=19.21, SD=3.73</td>
<td>M=15.52, SD=3.43</td>
<td>M=19.60, SD=3.31</td>
</tr>
<tr>
<td>Abilities and Competencies</td>
<td>M=55.33, SD=10.95</td>
<td>M=57.81, SD=8.72</td>
<td>M=54.28, SD=10.23</td>
</tr>
<tr>
<td>Social Relationships</td>
<td>M=72.33, SD=13.80</td>
<td>M=75.68, SD=13.41</td>
<td>M=71.69, SD=13.81</td>
</tr>
<tr>
<td>Depression</td>
<td>M=7.77, SD=9.12</td>
<td>M=17.00, SD=8.91</td>
<td>M=8.03, SD=6.38</td>
</tr>
</tbody>
</table>

*p < .05

Violent Experiences and Coping

The results of a three-way MANOVA indicated that depression was significantly affected by the interactive effect of violence and coping, $F(1,242) = 5.66$, $p < .05$. However, the interaction between violence and coping was not significant for global self-worth, abilities and competencies, and social relationships. Table 7 illustrates these findings.
Post-hoc analyses indicated that adolescents who reported higher impact of violence and low levels of coping have significantly higher mean scores on depression than adolescents who report low levels of violence and high levels of coping, $t(79) = -5.99$, $p < .01$. Adolescents who reported low impact of violence and low coping were significantly more depressed than those who reported low impact of violence and high coping, $t(75) = -5.33$, $p < .01$. Finally, those adolescents who reported higher impact of violence and high coping were more depressed than those who reported low impact of violence and high coping, $t(68) = -3.39$, $p < .01$. 
Table 7

Impact of Violent Experiences and Number of Coping Strategies on Perceived Global Self-Worth, Abilities and Competencies, Social Relationships and Depression

<table>
<thead>
<tr>
<th>Measures</th>
<th>High Violence</th>
<th>Low Violence</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High Coping Strategies</td>
<td>Low Coping Strategies</td>
<td>High Coping Strategies</td>
</tr>
<tr>
<td>Global Self-Worth</td>
<td>M=16.83</td>
<td>M=17.83</td>
<td>M=16.89</td>
</tr>
<tr>
<td></td>
<td>SD=3.69</td>
<td>SD=3.12</td>
<td>SD=4.57</td>
</tr>
<tr>
<td>Abilities and Competencies</td>
<td>M=58.76</td>
<td>M=52.72</td>
<td>M=61.96</td>
</tr>
<tr>
<td></td>
<td>SD=13.16</td>
<td>SD=9.88</td>
<td>SD=9.12</td>
</tr>
<tr>
<td>Social Relationships</td>
<td>M=79.52</td>
<td>M=68.19</td>
<td>M=85.32</td>
</tr>
<tr>
<td></td>
<td>SD=16.09</td>
<td>SD=12.78</td>
<td>SD=11.09</td>
</tr>
<tr>
<td>Depression</td>
<td>M=10.96</td>
<td>M=12.92</td>
<td>M=7.13</td>
</tr>
<tr>
<td></td>
<td>SD=9.78</td>
<td>SD=6.93</td>
<td>SD=5.42</td>
</tr>
</tbody>
</table>

*p< .05

Violent Experiences and Social Support

The results of a three-way MANOVA indicated that there was a significant two-way interaction between impact of violent experiences and number of social supporters on level of depression, $F(1, 242) = 4.71$, $p < .05$. However, the interaction between violent experiences and social supporters was not significant for global self-worth,
abilities and competencies, and social relationships. These results are illustrated in Table 8.

Post-hoc analysis indicated that adolescents who reported higher impact of violence and low levels of social support have significantly higher mean scores on depression than adolescents who report low impact of violence and high levels of social support, $t(109) = -7.44, p < .01$. Adolescents who reported higher impact of violence and low levels of social support have significantly higher mean scores on depression than adolescents who report high impact of violence and high levels of social support, $t(91) = -7.38, p < .01$. Adolescents who reported low impact of violence and low social support were significantly more depressed than those who reported low impact of violence and high social support, $t(122) = -4.39, p < .01$. Those adolescents who reported low impact of violence and low social support had higher mean depression scores than adolescents who reported high impact of violence and high social support, $t(102) = -4.22, p < .01$. Finally, those who reported high adolescents who reported high impact of violence and low social support were significantly more depressed than those adolescents who reported low impact of violence and low social support, $t(140) = 2.55, p < .05$. 

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Table 8
Impact of Violent Experiences and Social Supporters on Perceived Global Self-Worth, Abilities and Competencies, Social Relationships and Depression

<table>
<thead>
<tr>
<th>Measures</th>
<th>High Violence</th>
<th>Low Violence</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High Social Support</td>
<td>Low Social Support</td>
<td>High Social Support</td>
<td>Low Social Support</td>
<td>F</td>
</tr>
<tr>
<td>Global Self-Worth</td>
<td>M=19.69 SD=2.81</td>
<td>M=16.16 SD=3.14</td>
<td>M=19.39 SD=3.68</td>
<td>M=16.07 SD=3.90</td>
<td>.01</td>
</tr>
<tr>
<td>Abilities and Competencies</td>
<td>M=61.91 SD=8.22</td>
<td>M=53.93 SD=9.78</td>
<td>M=60.55 SD=11.48</td>
<td>M=54.17 SD=8.97</td>
<td>.18</td>
</tr>
<tr>
<td>Social Relationships</td>
<td>M=85.50 SD=9.69</td>
<td>M=68.39 SD=11.69</td>
<td>M=82.65 SD=14.25</td>
<td>M=70.34 SD=12.93</td>
<td>2.17</td>
</tr>
<tr>
<td>Depression</td>
<td>M=7.16 SD=3.33</td>
<td>M=16.69 SD=9.40</td>
<td>M=6.72 SD=5.93</td>
<td>M=12.57 SD=9.94</td>
<td>4.71*</td>
</tr>
</tbody>
</table>

* p < .05

Stressful Life Events, Coping, and Social Support

A three-way MANOVA was conducted to assess the interaction between level of stressful life events, number of coping strategies and number of social supporters on global self-worth, abilities and competencies, social relationships and depression. As can be seen in Table 9 and Table 10, abilities and competencies was significantly affected by the interactive effect of stressful life events,
coping strategies and social supporters \( F(1, 242) = 3.68, p < .05. \)

Post-hoc analyses indicated that competencies and abilities were higher in adolescents with high stress levels who utilized more coping strategies and had more social supporters than adolescents with high stress levels, high coping strategies but low social supporters, \( t(32) = 4.35, p < .01. \) In addition, adolescents who reported high stress levels and high coping strategies and high social support, reported higher levels of competencies and abilities than did adolescents who had high stress levels but low coping and low social support, \( t(30) = -2.49, p < .05. \) Global self-worth, social relationships and depression were not significantly affected by the interactive effect of stressful life events, coping strategies and social supporters.
Table 9
Effects of High Levels of Stressful Life Events, Coping Strategies, and Social Supporters on Perceived Global Self-Worth, Competencies and Abilities, Social Relationships and Depression

<table>
<thead>
<tr>
<th>Measures</th>
<th>High Coping</th>
<th>Low Coping</th>
<th>High Coping</th>
<th>Low Coping</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Self-Worth</td>
<td>M=19.87</td>
<td>M=15.11</td>
<td>M=18.67</td>
<td>M=16.28</td>
<td>1.29</td>
</tr>
<tr>
<td></td>
<td>SD=3.02</td>
<td>SD=3.49</td>
<td>SD=4.24</td>
<td>SD=3.22</td>
<td></td>
</tr>
<tr>
<td>Abilities and Competencies</td>
<td>M=62.07</td>
<td>M=51.09</td>
<td>M=56.00</td>
<td>M=55.72</td>
<td>3.68*</td>
</tr>
<tr>
<td></td>
<td>SD=7.70</td>
<td>SD=10.51</td>
<td>SD=16.10</td>
<td>SD=7.95</td>
<td></td>
</tr>
<tr>
<td>Social Relationships</td>
<td>M=79.60</td>
<td>M=66.54</td>
<td>M=79.44</td>
<td>M=71.24</td>
<td>.42</td>
</tr>
<tr>
<td></td>
<td>SD=9.76</td>
<td>SD=11.92</td>
<td>SD=20.00</td>
<td>SD=13.96</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>M=10.27</td>
<td>M=19.04</td>
<td>M=5.28</td>
<td>M=14.96</td>
<td>.13</td>
</tr>
<tr>
<td></td>
<td>SD=4.91</td>
<td>SD=9.75</td>
<td>SD=3.72</td>
<td>SD=9.47</td>
<td></td>
</tr>
</tbody>
</table>

*p< .05
Table 10
Effects of Low Levels of Stressful Life Events, Coping Strategies, and Social Supporters on Perceived Global Self-Worth, Competencies and Abilities, Social Relationships and Depression

<table>
<thead>
<tr>
<th>Measures</th>
<th>High Coping</th>
<th>Low Coping</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High Social</td>
<td>Low Social</td>
</tr>
<tr>
<td>Global Self-Worth</td>
<td>M=19.29 SD=3.33</td>
<td>M=16.46 SD=4.58</td>
</tr>
<tr>
<td>Abilities and Competencies</td>
<td>M=59.65 SD=7.83</td>
<td>M=53.54 SD=10.78</td>
</tr>
<tr>
<td>Social Relationships</td>
<td>M=83.65 SD=12.41</td>
<td>M=69.36 SD=13.49</td>
</tr>
<tr>
<td>Depression</td>
<td>M=10.82 SD=7.21</td>
<td>M=14.39 SD=10.32</td>
</tr>
</tbody>
</table>

*p< .05

Violent Experiences, Coping and Social Support

A MANOVA indicated that there was no significant three-way interaction among level of violent experiences, number of coping strategies and number of social supporters on either of the four dependent measures: global self-worth, abilities and competencies, social relationships and
depression. The results are illustrated in Table 11 and Table 12.

Table 11

Impact of High Violent Experiences, Coping Strategies, and Social Supporters on Perceived Global Self-Worth, Competencies and Abilities, Social Relationships and Depression

<table>
<thead>
<tr>
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<th>High Social</th>
<th>Low Social</th>
<th>High Social</th>
<th>Low Social</th>
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<tr>
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<tr>
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<td>M=53.28</td>
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<tr>
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<tr>
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<td>SD=3.79</td>
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</table>
### Table 12

**Impact of Low Violent Experiences, Coping Strategies, and Social Supporters on Perceived Global Self-Worth, Competencies and Abilities, Social Relationships and Depression**

<table>
<thead>
<tr>
<th>Measures</th>
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<th>Low Social</th>
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</tr>
<tr>
<td><strong>High Coping</strong></td>
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<td>High Social</td>
<td>Low Social</td>
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<td>Abilities and</td>
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<td>M=60.64</td>
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<tr>
<td>Competencies</td>
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DISCUSSION

The purpose of the present study was twofold. First, it examined how stressful life events, number of coping strategies, and number of social supporters impacted perceived global self-worth, abilities and competencies, social relationships, and depression in adolescents. Second, it examined the effect of a specific type of stressor, namely, violence and its interaction with other factors (coping and social support) on the same four measures in adolescents.

Partial support was found for the hypothesized negative effect of stressful life events on adolescents. As expected, adolescents who reported high levels of stressful life events were found to be more depressed than adolescents who reported fewer stressful life events. This is consistent with previous research conducted by Lazarus and Folkman (1984) who found that individuals who are in environments that tax their resources are more likely to suffer from psychological problems such as depression. Similarly, DuBois and his associates (1992) found that high levels of stressful life events were associated with depression for up to two years after initial measurements were taken in adolescents.

However, contrary to the expectations, stressful life events were not found to significantly impact perceived
global self-worth, abilities and competencies, and social relationships. One possible explanation for this result may be that there are moderating variables that help buffer adolescents from the negative impact of stressful life events on self-perception. In fact, research by Smith and his collaborators (1990) suggests that several factors such as social support, coping styles and economic status may increase resiliency to negative events. It may be that while these moderating variables help protect adolescents from seeing themselves negatively, they may not protect them from feeling overwhelmed by these events. Thus, they may feel depressed about their life situation, but they can attribute the negative factors to external causes which allows them to maintain a positive self-image. It is also important to note that this study was done with a college sample who may have a higher sense of competency and ability than other adolescents and thus represent a restricted range on scores on that dimension.

Contrary to the expectation, adolescents who reported utilizing higher numbers of coping strategies also reported higher levels of depression. One reason for this result may be that adolescents who are using higher numbers of coping strategies may be devoting more energy to dealing with stressful situations and if the stress is not abating, this may be more taxing resulting in higher depression.
Unfortunately, this was a cross-sectional study, so change could not be evaluated. Future studies may need to evaluate the impact of coping over time so that its impact on the stressor as well as the emotional outcomes can be better understood.

Previous research on coping strategies has evaluated the impact of a specific style on outcome. More recent research suggests that it is not necessarily the type of coping per se, but the use of a variety of strategies that is most beneficial. Therefore this study looked at the number of different types of coping strategies being used rather than looking at any one particular style. It may be that although some of these adolescents used a wide range of coping strategies, their use of these may not be well-planned as they may still be trying to find a particular style or several styles that work well for them. If their use of multiple styles is haphazard, it may not be as effective and this may lead to higher levels of depression.

No support was found for high numbers of coping strategies positively affecting perceived global self-worth, abilities and competencies and social relationships. As mentioned previously, this may be due to the way in which coping was addressed in this study and to the developmental stage of the participants. A more process-oriented longitudinal study would have allowed us to evaluate more.
precisely when and how these various strategies were being used. Clearly, future research utilizing such an approach is needed.

The data from this study suggests that adolescent self-perception was more impacted by the number of social supporters. The present study did support the hypothesis that global self-worth, abilities and competencies, and social relationships would be higher and depression would be lower, for those adolescents who reported higher numbers of social supporters. It appears that when adolescents are receiving social support, they perceive themselves as being competent and likable. DeLongis and associates (1988) suggest that the availability of social supporters helps individuals find situations less stressful. Even when faced with difficult situations, individuals with high social support feel more confident that they can handle the situation or ask others for help. This increases positive self-perception, sense of mastery, and personal efficacy. In addition, these individuals have higher self-esteem, are able to deal effectively with stressful events and are less likely to become depressed.

There was partial support for the interactive effect of stressful life events and social support on the outcome measures. Depression was significantly effected by stress level and social support. It appears that individuals who
experience high levels of stressful life events were the least depressed if they received social support. In contrast, those that experienced the same level of stressful events but had low numbers of social supporters were the most depressed of all adolescents. This is consistent with Walker and Greene's (1987) study that found social support reduced psychological symptoms in adolescents with high stress levels.

The data from the present study failed to support the hypothesis that impact of violent experiences would affect global self-worth, abilities and competencies, social relationships and depression. When evaluating the data, one explanation for this result may be due to the limited range of scores that were reported for impact of violence. The particular population that was studied reported few violent experiences and those that were reported tended to have limited impact on the adolescents' lives. It may be possible that in a different population that had a wider range of impact of violent experiences, the expected relationship may emerge.

The interactive effect of impact of violent experiences and number of coping strategies did influence depression scores. Those adolescents who experienced high levels of violence and used high numbers of coping strategies were less depressed than adolescents who were impacted by similar
high level of violence but who had fewer coping strategies. One possible explanation for the interactive effect of impact of violent experiences and coping may be due to the perception that violent experiences occur in discrete time periods. If adolescents are able to use a number of different coping strategies to deal with these situations, they may develop a sense of mastery and self efficacy that may not develop with stressful life events that appear to be lingering and on going.

Another possible interpretation of these results may be that adolescents who have been impacted highly by violent experiences and report low numbers of coping strategies may feel overwhelmed by these experiences and have given up. A form of learned helplessness could have occurred and these individuals may not feel that any type of intervention that they take would help them with these violent experiences.

No support was found for the interactive effect of violence and coping on the self-perception measures. As mentioned with stressful life events and coping, this may be due to the adolescents attributing these violent experiences to external causes and thus they do not attribute negative connotations to themselves when such events occur. Nor do adolescents derive any type of self-perception from the number of coping strategies they use to deal with the situation.
In contrast, an interaction was found between impact of violence and social support. Adolescents who reported high social support were less depressed than those adolescents who reported low social support. This was true for adolescents who reported high and low impact of violent experiences. However, subjects who had high levels of violence and low social support were more depressed than those who had low levels of violence and low social support. Thus, violence appears to have an impact but only among those who have low levels of social support.

The finding that adolescents who reported high impact of violent experiences but also had high numbers of social supporters reported much lower levels of depression, is consistent with Luthar's (1991) study of resiliency in high risk adolescents. The results of that study suggested that social support does help buffer adolescents from high stress situations. It may be that adolescents who have high numbers of social supporters to lean on find fewer situations stressful and when they are stressed these supporters help to provide positive reinforcements for actions that the adolescent may take. Having some type of feedback from others about the violent situation may help the adolescent to feel less isolated and alone, thus alleviating signs of depression.
Finally, adolescents who reported high levels of stressful life events, high numbers of coping strategies and high numbers of social supporters indicated more abilities and competencies than those adolescents with similar levels of stress and coping but low numbers of social supporters. One possible explanation for this result was that adolescents who are experiencing high levels of stress and are using high numbers of coping feel more capable when they are receiving positive confirmations from their social supporters for the actions that they are taking. When these adolescents receive social support for their coping skills they perceive themselves as being more capable and able to do more in spite of the high level of stressful events that are occurring. It may be that having a variety of supporters contributes to resiliency in adolescents.

Limitations of the Study

One of the major drawbacks of the present study was the ability to generalize these results to other adolescent populations. A limited age range was used in this sample so that cognitive differences in this developmental stage would be minimal. Subjects were limited to college students who were in the upper age range of adolescence. Thus, these results may not be representative of younger adolescents. Additionally, since these subjects were all college students, they may deal with stressful events in a different
way than other adolescents. It may be that these subjects have more advanced coping skills or more social support than other adolescents who are not attending college.

Another major limitation of this study was the narrow range in scores on the impact of violent experience's questionnaire. It appears that this sample of college students reported very few violent experiences had impacted their lives. There may be a fundamental difference in the experiences of these college students and those of other adolescents who have experienced a wider range of violent experiences. The difference in these two groups of adolescents may influence the results of other studies.

Finally, the questionnaire that was used to assess the impact of violent experiences is still a rather new instrument. The Impact of Violent Experiences questionnaire does not have well established reliability and validity at the present time. This may have influenced the low range of scores that were reported for this measure.

Implications for Future Research

The findings of the present study lead to several questions that need to be addressed in future studies. First, the literature has suggested that individuals who have experienced high levels of stressful life events were more likely to have difficulties in school, relationships, and job performance. It may be that because a large number
of stress studies have focused on external ratings of parents, teachers and peers to measure outcome variables, the results of subjects own self-perception may differ from those of outside observers. How well individuals feel that they are dealing with stressful events may be perceived differently by the adolescent. Adolescents themselves may report that different variables act to moderate the effects of stressful life events on their self-perception. Further studies are necessary to address whether the relationships noted in this study would be similar with other adolescents not in college. It should also be noted that self-perception itself may need to be explored more fully, addressing the role of self-esteem and/or the role of mastery.

Another issue that needs to be explored further is the relationships between continuous stressful life events and discrete stressful events such as violent experiences. There may be a qualitative difference between these two types of experiences that make comparisons difficult. There is a need to identify the types of variables that buffer each type of stressful event, whether it is continuous or discrete.

Further studies need to be conducted with adolescents who experience a much wider range of violent experiences to address what type of impact this is making on their lives.
Studies of different populations of adolescents may lead to the discovery that different levels of violent experiences may be buffered by different factors. At present research is still has not adequately addressed adolescents who have been impacted by high levels of violent experiences that were not related to war or civil unrest.

Finally, there is a need for longitudinal studies to address the issue of change over time. Longitudinal studies would also aid in the understanding of how and when particular coping strategies were being used and at what times social supporters were most effective. Additionally, the long term impact of the stressors could be monitored to evaluate whether there are differences in how adolescents interpret the same stressor over an extended period of time.
APPENDIX A
Life Experiences Survey

Listed below are a number of events which sometimes bring about change in the lives of those who experienced them and which necessitate social readjustment. For those events which you have experienced within the past year, please indicate how that event has effected your life.

EXT NEG = Extremely Negative
MOD NEG = Moderately Negative
SOM NEG = Somewhat Negative
NO IMP = No Impact
SOM POS = Somewhat Positive
MOD POS = Moderately Positive
EXT POS = Extremely Positive

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<th>MOD NEG</th>
<th>SOM NEG</th>
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<th>SOM POS</th>
<th>MOD POS</th>
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</tr>
<tr>
<td>23</td>
<td>Major change in church activities (increased or decreased attendance)</td>
<td>-3</td>
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<td>Marital reconciliation with mate</td>
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<td>Major change in number of arguments with spouse (a lot more or a lot less arguments)</td>
<td>-3</td>
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<td>-1</td>
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<tr>
<td>26</td>
<td>Married male: Change in wife's work outside the home (beginning work, ceasing work, changing to a new job)</td>
<td>-3</td>
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<tr>
<td>27</td>
<td>Married female: Change in husband's work (loss of job, beginning new job, retirement, etc.)</td>
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<td>MOD</td>
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<tr>
<td>28</td>
<td>Major change in usual type and/or amount or recreation</td>
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<td>29</td>
<td>Borrowing more than $10,000 (buying home, business, etc.)</td>
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<td>-2</td>
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<tr>
<td>30</td>
<td>Borrowing less than $10,000 (buying car, TV, getting school loan, etc.)</td>
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<td>31</td>
<td>Being fired from job</td>
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<td>Male: Wife/girlfriend having abortion</td>
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<td>Female: Having abortion</td>
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<td>Major personal illness or injury</td>
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<td>35</td>
<td>Major change in social activities, eg. parties, movies, visiting</td>
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<td>(increased or decreased participation)</td>
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<td>Major change in living conditions of family</td>
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<tr>
<td></td>
<td>(building new home, remodeling, deterioration of home, neighborhood, etc.)</td>
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<td>Separation from spouse (due to work, travel, etc.)</td>
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<td>46</td>
<td>Reconciliation with boyfriend/girlfriend</td>
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<td>Other recent experiences which have had an impact on your life. List and rate.</td>
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**Section 2: Student Only**

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<th>EXT POS</th>
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<td>Beginning a new school experience at a higher academic level (college,</td>
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<td>Changing to a new school experience at a higher academic level (college,</td>
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<td>Academic Probation</td>
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<td>Being dismissed from dormitory or other residence</td>
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<td>Failing a important exam</td>
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<td>Changing a major</td>
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<td>Failing a course</td>
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<tr>
<td>58</td>
<td>Dropping a course</td>
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<td>59</td>
<td>Joining a fraternity/sorority</td>
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<td>60</td>
<td>Financial problems concerning school (in danger of not having sufficient</td>
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<td>-2</td>
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<td>money to continue)</td>
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APPENDIX B

Ways of Coping

Please think of a stressful event that has occurred within the past three months. Now considering that event, please indicate the appropriate response by circling to what extent you used that technique.

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Not Used</th>
<th>Used Somewhat</th>
<th>Used Quite A Bit</th>
<th>Used A Great Deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>Bargained or compromised to get something</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>62</td>
<td>Talked to someone to find out about the situation</td>
<td>1</td>
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<tr>
<td>63</td>
<td>Blamed yourself</td>
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<tr>
<td>64</td>
<td>Hoped a miracle would happen</td>
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<tr>
<td>65</td>
<td>Went on as if nothing happened</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>66</td>
<td>Concentrated on something good that could come out of the whole thing</td>
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<tr>
<td>67</td>
<td>Accepted sympathy and understanding from someone</td>
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<td>3</td>
<td>4</td>
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<tr>
<td>68</td>
<td>Criticized or lectured yourself</td>
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<tr>
<td>69</td>
<td>Wished I was a stronger person - more optimistic and forceful</td>
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<tr>
<td>70</td>
<td>Felt bad that I couldn't avoid the problem</td>
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<tr>
<td>71</td>
<td>Tried not to burn my bridges behind me</td>
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<td>2</td>
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<td>4</td>
</tr>
<tr>
<td>72</td>
<td>Got professional help and did what they recommended</td>
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<tr>
<td>73</td>
<td>Realized I brought the problem on myself</td>
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</tr>
<tr>
<td>No.</td>
<td>Item</td>
<td>Not Used</td>
<td>Used Somewhat</td>
<td>Used Quite A Bit</td>
<td>Used A Great Deal</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------------------------------------------------</td>
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<td>-------------------</td>
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<tr>
<td>74</td>
<td>Wished that I could change what had happened</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>75</td>
<td>Kept my feelings to myself</td>
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<tr>
<td>76</td>
<td>Changed or grew as a person in a good way</td>
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<tr>
<td>77</td>
<td>Talked to someone who could do something about the problem</td>
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<tr>
<td>78</td>
<td>Wished I could change the way that I felt</td>
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<tr>
<td>79</td>
<td>Slept more than usual</td>
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<td>80</td>
<td>Made a plan of action and followed it</td>
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<tr>
<td>81</td>
<td>Asked someone I respected for advice and followed it</td>
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<tr>
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<td>Daydreamed or imagined a better time or place than the one I was in</td>
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<tr>
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<td>Got mad at the people or things that caused the problem</td>
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<tr>
<td>84</td>
<td>Accepted the next best thing to what I wanted</td>
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<tr>
<td>85</td>
<td>Talked to someone about how I was feeling</td>
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<tr>
<td>86</td>
<td>Had fantasies or wishes about how things might turn out</td>
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<tr>
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<td>Tried to forget the whole thing</td>
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<tr>
<td>88</td>
<td>Came out of the experience better than when I went in</td>
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<tr>
<td>No.</td>
<td>Item</td>
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<td>Used Quite A Bit</td>
<td>Used A Great Deal</td>
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<tr>
<td>89</td>
<td>Thought about fantastic or unreal things (like perfect revenge or finding a million dollars) that made me feel better</td>
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<td>Tried to make myself feel better by eating, drinking, smoking, or taking medications</td>
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<td>Tried not to act too hastily or follow my own hunch</td>
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<td>Wished the situation would go away or somehow be finished</td>
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<td>Avoided being with people in general</td>
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<td>94</td>
<td>Changed something so things would turn out all right</td>
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<tr>
<td>95</td>
<td>Kept others from knowing how bad things were</td>
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<td>Just took things one step at a time</td>
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<td>Refused to believe it had happened</td>
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<td>I know what had to be done, so I doubled my efforts and tried harder to make things work</td>
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<td>Came up with a couple of different solutions to the problem</td>
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<td>Accepted my strong feelings, but didn't let them interfere with other things too much</td>
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<tr>
<td>No.</td>
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<td>Not Used</td>
<td>Used Somewhat</td>
<td>Used A Bit</td>
<td>Used A Great Deal</td>
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<td>-----</td>
<td>----------------------------------------------------------------------</td>
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<tr>
<td>101</td>
<td>Changed something about myself so I could deal with the situation better</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>102</td>
<td>Stood my ground and fought for what I wanted</td>
<td>1</td>
<td>2</td>
<td>3</td>
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APPENDIX C

Social Support Appraisal Scale

Below are a list of statements about your relationships with friends and family. Please indicate by circling the appropriate response to indicate if you agree or disagree with each statement as being true for you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>103 My friends respect me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>104 My family cares for me very much.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>105 I am not important to others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>106 My family holds me in high esteem.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>107 I am well liked.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>108 I can rely on my friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>109 I am really admired by my family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>110 I am respected by other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>111 I am loved dearly by my family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>112 My friends don't care about my welfare.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>113 Members of my family rely on me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>114 I am held in high esteem.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>115 I can't rely on my family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>116 People admire me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td></td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
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<tr>
<td>117</td>
<td>I feel a strong bond with my friends.</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>118</td>
<td>My friends look out for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>119</td>
<td>I feel valued by other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>120</td>
<td>My family really respects me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>121</td>
<td>My friends and I are really important to one another.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>122</td>
<td>I feel like I belong.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>123</td>
<td>If I died tomorrow, very few people would miss me.</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>124</td>
<td>I don't feel close to members of my family.</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>125</td>
<td>My friends and I have done a lot for one another.</td>
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</table>
APPENDIX D

Violent Experiences Scale for College Students

By the time students are in college, many have personally experienced or witnessed various forms of violence. Please indicate (by circling) whether you have experienced or witnessed any of the following (in real life, not TV).

1. First indicate if you have experienced the event (circle yes or no)

2. If yes, identify who was involved:
   - self (A)
   - family member (B)
   - friend (C)
   - acquaintance—someone you know but not well (D)
   - stranger (E)

3. How did this impact you: range from 1 (no impact) to 4 (moderate impact) to 7 (extreme impact)
   - self = A
   - family member = B
   - friend = C
   - acquaintance = D
   - stranger = E

<table>
<thead>
<tr>
<th>Event</th>
<th>Who</th>
<th>No Impact</th>
<th>Moderate Impact</th>
<th>Extreme Impact</th>
</tr>
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<tbody>
<tr>
<td>STABBED</td>
<td>YES</td>
<td>NO</td>
<td>self A 1 2 3 4 5 6 7</td>
<td>family B 1 2 3 4 5 6 7</td>
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<td></td>
<td></td>
<td></td>
<td>friend C 1 2 3 4 5 6 7</td>
<td>acquaintance D 1 2 3 4 5 6 7</td>
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<td></td>
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<td></td>
<td>stranger E 1 2 3 4 5 6 7</td>
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<tr>
<td>SHOT</td>
<td>YES</td>
<td>NO</td>
<td>self A 1 2 3 4 5 6 7</td>
<td>family B 1 2 3 4 5 6 7</td>
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<td></td>
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<td>friend C 1 2 3 4 5 6 7</td>
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<td></td>
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<td>stranger E 1 2 3 4 5 6 7</td>
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<tr>
<td>BEATEN</td>
<td>YES</td>
<td>NO</td>
<td>self A 1 2 3 4 5 6 7</td>
<td>family B 1 2 3 4 5 6 7</td>
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<td>friend C 1 2 3 4 5 6 7</td>
<td>acquaintance D 1 2 3 4 5 6 7</td>
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<td></td>
<td>stranger E 1 2 3 4 5 6 7</td>
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<td></td>
<td>BEATEN (with objects, eg. bat)</td>
<td>HIT (by objects like stones thrown)</td>
<td>MURDERED</td>
<td>ROBBED (without weapon, eg. knife, gun)</td>
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<tr>
<td>Self                      A 1 2 3 4 5 6 7</td>
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<td>Family                    B 1 2 3 4 5 6 7</td>
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<tr>
<td>Friend                    C 1 2 3 4 5 6 7</td>
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<td>Stranger                  E 1 2 3 4 5 6 7</td>
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<tr>
<td>136 HEARING GUNS GO OFF CLOSE BY</td>
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<td>Family                    B 1 2 3 4 5 6 7</td>
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<td>Friend                    C 1 2 3 4 5 6 7</td>
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<td>Self                      A 1 2 3 4 5 6 7</td>
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<td>138 BEING HARASSED OR FORCIBLY ARRESTED BY POLICE</td>
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<td>Family                    B 1 2 3 4 5 6 7</td>
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<td>Friend                    C 1 2 3 4 5 6 7</td>
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<td>Acquaintance              D 1 2 3 4 5 6 7</td>
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<tr>
<td>Stranger                  E 1 2 3 4 5 6 7</td>
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</table>
APPENDIX E

Self-Preception Profile for College Students

The following are statements which allow college students to describe themselves. There are no right or wrong answers since students differ markedly. Please read the following sentences carefully and write the number that that best indicates how you view yourself. Think about what you are like in the college environment as you read.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td></td>
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<td>SORT</td>
<td>REALLY</td>
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<td>UNTRUE</td>
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<td>TRUE</td>
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<tr>
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<td>FOR ME</td>
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<td>FOR ME</td>
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</tbody>
</table>

140 ____ I like the kind of person I am.
141 ____ I am very proud of the work I do on my job.
142 ____ I feel confident that I am mastering my coursework.
143 ____ I am satisfied with my social skills.
144 ____ I am happy with the way I look.
145 ____ I like the way I act when I am around my parents.
146 ____ I don't usually get too lonely because I have a close friend to share things with.
147 ____ I feel like I am just as smart or smarter than other students.
148 ____ I feel my behavior is usually moral.
149 ____ I feel that people I like romantically will be attracted to me.
150 ____ When I do something sort of stupid that later appears to be funny, I can easily laugh at myself.
151 ____ I feel I am just as creative or even more so than other students.
152 ____ I feel I could do well at just about any new athletic activity I haven't tried before.
153 ____ I am usually quite pleased with myself.
<table>
<thead>
<tr>
<th></th>
<th>REALLY SORT OF TRUE FOR ME</th>
<th>REALLY SORT OF UNTRUE FOR ME</th>
<th>UNTRUE OF UNTRUE FOR ME</th>
<th>REALLY FOR ME</th>
</tr>
</thead>
<tbody>
<tr>
<td>154</td>
<td>I feel I am very good at my job.</td>
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<tr>
<td>155</td>
<td>I do well at my studies.</td>
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<tr>
<td>156</td>
<td>I am able to make new friends easily.</td>
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<tr>
<td>157</td>
<td>I am happy with my height and weight.</td>
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<td>158</td>
<td>I find it easy to act naturally around my parents.</td>
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<tr>
<td>159</td>
<td>I am able to make close friends I can really trust.</td>
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<td>160</td>
<td>I feel that I am very mentally able.</td>
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<td>161</td>
<td>I usually do what is morally right.</td>
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<td>162</td>
<td>I don't have difficulty establishing romantic relationships.</td>
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<td>163</td>
<td>I don't mind being kidded by my friends.</td>
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<td>164</td>
<td>I feel I am very creative and inventive.</td>
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<td>165</td>
<td>I do feel I am athletic.</td>
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<td>166</td>
<td>I usually like myself as a person.</td>
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<td>167</td>
<td>I feel confident about my ability to do a new job.</td>
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<td>168</td>
<td>I rarely have trouble with my homework assignments.</td>
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<td>169</td>
<td>I like the way I interact with other people.</td>
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<td>170</td>
<td>I like my body the way it is.</td>
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<td>171</td>
<td>I feel comfortable being myself around my parents.</td>
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<td>172</td>
<td>I do have a friend who is close enough for me to share thoughts that are really personal.</td>
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<td>173</td>
<td>I feel I am just as bright or brighter than most people.</td>
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<td>174</td>
<td>REALLY</td>
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<td></td>
<td>UNTRUE</td>
<td>OF UNTRUE</td>
<td>FOR ME</td>
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<td>FOR ME</td>
<td>FOR ME</td>
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<td>175</td>
<td>I think I am quite moral.</td>
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<td>176</td>
<td>I have the ability to develop romantic relationships.</td>
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<td>177</td>
<td>I find it easy to laugh at the ridiculous or silly things I do.</td>
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<td>178</td>
<td>I feel that I am very inventive.</td>
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<td>179</td>
<td>I feel I am better than others at sports.</td>
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<td>180</td>
<td>I like the way I am leading my life.</td>
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<td>181</td>
<td>I am quite satisfied with the way I do my job.</td>
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<td>182</td>
<td>I usually feel intellectually competent at my studies.</td>
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<td>183</td>
<td>I feel that I am socially accepted by many people.</td>
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<td>184</td>
<td>I like my physical appearance the way it is.</td>
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<td>185</td>
<td>I get along with my parents quite well.</td>
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<td>186</td>
<td>I am able to make really close friends.</td>
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<td>187</td>
<td>I am very happy being the way I am.</td>
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<td>188</td>
<td>I feel I am intelligent.</td>
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<td>189</td>
<td>I live up to my own moral standards.</td>
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<td>190</td>
<td>I feel that when I am romantically interested in someone, that person will like me back.</td>
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<td>191</td>
<td>I can really laugh at certain things I do.</td>
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<td>192</td>
<td>I feel I have a lot of original ideas.</td>
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<td>193</td>
<td>I am good at activities requiring physical skill.</td>
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<td>194</td>
<td>I am usually satisfied with myself.</td>
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</table>
APPENDIX F

Beck Depression Inventory-Revised

Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the PAST WEEK, INCLUDING TODAY. Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one.
BE SURE TO READ ALL THE STATEMENTS IN EACH GROUP BEFORE MAKING YOUR CHOICE.

194 0 I do not feel sad.
   1 I feel sad.
   2 I am sad all the time and I can't snap out of it.
   3 I am so sad or unhappy that I can't stand it.

195 0 I am not particularly discouraged about the future.
   1 I feel discouraged about the future.
   2 I feel I have nothing to look forward to.
   3 I feel that the future is hopeless and that things cannot improve.

196 0 I do not feel like a failure.
   1 I feel I have failed more than the average person.
   2 As I look back on my life, all I can see is a lot of failures.
   3 I feel I am a complete failure as a person.

197 0 I get as much satisfaction out of things as I used to.
   1 I don't enjoy things the way I used to.
   2 I don't get real satisfaction out of anything anymore.
   3 I am dissatisfied or bored with everything.

198 0 I don't feel particularly guilty.
   1 I feel guilty part of the time.
   2 I feel quite guilty most of the time.
   3 I feel guilty all of the time.

199 0 I don't feel I am being punished.
   1 I feel I may be punished.
   2 I expect to be punished.
   3 I feel I am being punished.

200 0 I don't feel disappointed in myself.
   1 I am disappointed in myself.
   2 I am disgusted with myself.
   3 I hate myself.
201 0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses or mistakes.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.

202 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.

203 0 I don't cry anymore than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't even though I want to.

204 0 I am no more irritated now than I ever am.
1 I get annoyed or irritated more easily than I used to.
2 I feel irritated all the time now.
3 I don't get irritated at all by the things that used to irritate me.

205 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.

206 0 I make decisions about as well as I ever did.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions than before.
3 I can't make decisions at all anymore.

207 0 I don't feel I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel that there are permanent changes in my appearance that make me look unattractive.
3 I believe that I look ugly.

208 0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.
209  0 I can sleep as well as usual.  
     1 I don't sleep as well as I used to.  
     2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.  
     3 I wake up several hours earlier than I used to and cannot get back to sleep.  

210  0 I don't get more tired than usual.  
     1 I get more tired more easily than I used to.  
     2 I get tired from doing almost anything.  
     3 I am too tired to do anything.  

211  0 My appetite is no worse than usual.  
     1 My appetite is not as good as it used to be.  
     2 My appetite is much worse now.  
     3 I have no appetite at all anymore.  

212  0 I haven't lost much weight, if any lately.  
     1 I have lost more than 5 pounds.  
     2 I have lost more than 10 pounds.  
     3 I have lost more than 15 pounds.  

     I am purposely trying to lose weight by eating less.  
     Yes__________ No__________  

213  0 I am no more worried about my health than usual.  
     1 I am worried about my physical problems such as aches and pains; upset stomach; or constipation.  
     2 I am very worried about physical problems and it is hard to think of much else.  
     3 I am so worried about my physical problems, that I cannot think about anything else.  

214  0 I have not noticed any recent change in my interest in sex.  
     1 I am less interested in sex than I used to be.  
     2 I am much less interested in sex now.  
     3 I have lost interest in sex completely.
APPENDIX G

Demographics

Please answer the following questions about yourself as best possible. Information will be used for demographic purposes only. Circle the best response.

No.
215 Gender:

Male Female

216 Age:

17 18 19 20 Other ________

217 Marital Status:

Single Married Separated
Divorced Widowed

218 Current Household income:

Under $10,000 $30,001 - $40,000
$10,001 - $20,000 $40,001 - $50,000
$20,001 - $30,000 Over $50,001

219 Ethnicity:

Asian Black Caucasian
Hispanic Native American Other ________

220 Year you graduated from High School:

1994 1993 1992
1991 Before 1991 Did not graduate
APPENDIX H

Participation Consent Form

Stressful Life Events and Coping in College Students

The purpose of this study is to investigate stressful life events and various ways that these events affect individuals. The questionnaire that follows is part of a research project that is being conducted at California State University, San Bernardino. Participation will involve approximately 35 minutes. The questionnaire will ask about stressful events that have occurred in the past year and how you may have dealt with these events. There are no right or wrong answers to these questions. While it is extremely helpful to this study to have you answer all question, you may leave any question blank if you wish not to answer. YOUR PARTICIPATION IS VOLUNTARY AND YOU MAY STOP AT ANYTIME WITHOUT PENALTY. All of your individual responses will remain anonymous.

This study is being conducted by Tiffany Brown under the supervision of Dr. Faith McClure. A brief written summary of the group results will be made available during June, 1994 through the Psychology Department at California State University, San Bernardino. If there are any questions or concerns about this questionnaire, please contact Dr. Faith McClure at (909) 880-5598.
This study has been approved by the Human Subjects Review Board, Psychology Department, California State University, San Bernardino.

Name_________________________________________ (Signature)

Name_________________________________________ (Print)

Date____________________________
APPENDIX I

Debriefing

Thank you for your participation in this study. As indicated in the informed consent form, the purpose of this study is to examine the relationship between stressful life events, coping, social support, violence and their effects on self-perception and depression. It is hoped that information gathered in this study will help in our understanding of how these variables work together to influence how we are affected by stressful events.

If this questionnaire has caused you any discomfort or distress, the CSUSB Counseling Center provides free therapy to students. You may reach the Counseling Center at 880-5040 or go to their office which is located in the Health Center. In addition, mental health departments in this area provide counseling services on a sliding scale. For locations in San Bernardino County call (909) 387-7171 and for Riverside County call (909) 358-4500.

The results of this study will be available in June, 1994. If you have any questions or would like results of this study, please contact Dr. Faith McClure, Department of Psychology, California State University, San Bernardino, or call (909) 880-5598.
REFERENCES


McClure, F. The violent experience scale for college students. Unpublished questionnaire. California State University, San Bernardino.


