Witnessing Violence Versus Experiencing Violence: Effects on Psychological Distress

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Doi:10.5901/mjss.2016.v7n3s1p11

Abstract

Based on secondary analysis of data from a sample of 649 individuals attending one of three New England colleges in the United States, this study examines the links between childhood exposure to violence and young adult depression. Assessment of the relative impact on depression of adversity experienced through direct personal victimization and adversity experienced through witnessing the violent victimization of others was made in an attempt to identify mechanisms by which each affects psychological distress. It was hypothesized that childhood adversity exhibits effects on psychological distress in young adulthood, at least in part, through its damaging impact on the development of social and personal resources—specifically, by affecting a reduction in family support, peer support, self-esteem, and mastery. Further, it was hypothesized that the importance of these mediators in explaining the link to depression of adversity differs between personally experiencing victimization and witnessing the victimization of others. Findings indicate that witnessing the violent victimization of intimates has effects on depression equal to personally experiencing the same type of victimization. Further, the most important mediators of the relationship to depression of violence personally experienced were family support, peer support, and self-esteem; but the most important mediator of the relationship to depression of violence witnessed was mastery. Also, the combined mediating effect of the resource variables is greater for violence experienced than it is for violence witnessed. These findings suggest that the mechanisms involved in the translation of adversity to depression do vary somewhat by the type of adversity experienced.

Keywords: violence, depression, social resources, personal resources

1. Introduction

The notion that the social environment has important consequences for psychological well-being is supported by a vast body of research that extends back at least 30 years. Numerous studies have documented the harmful effects of childhood exposure to adversity on adult psychopathology (e.g., LaNoue et al., 2012; Brown & Anderson, 1991).

Although experiencing stress as a child increases risk for adult depression, the relative impact of different types of stress is less certain. Some traumas and adversities are likely more damaging to psychological well-being than others. Perhaps in part because *violent* traumas and adversities experienced in childhood have been believed to be particularly harmful, much attention—both popular and scholarly—has been paid to them. Considerable evidence exists to suggest that experiencing violence in childhood can be particularly destructive to one's psychological well-being. Research shows that a wide variety of specific forms of victimization put youth at risk for mental health difficulties such as posttraumatic stress disorder and depression (Boney-McCoy & Finkelhor, 1995). For example, increased rates of psychopathology have been observed among children who experience physical abuse (Sugaya et al., 2012; Kolko, 1992). There are also serious *long-term* consequences of victimization. Adult mental health has been shown to be adversely affected by childhood exposure to physical and sexual abuse (e.g., Brown & Cohen, 1999).

2. Literature Review

While many studies have clearly established that experiencing personal victimization as a child has harmful short- and long-term consequences, less is known about the potential harm of other types of violence exposure. For example, besides the effects on children of victimization, researchers have become aware of the potential harm of *witnessing* violence. Most of the research in this area has focused on the effects of witnessing domestic violence. Edleson (1999) identifies 84 studies that report an association between witnessing domestic violence and child development problems. In addition to the myriad short-term consequences, witnessing domestic violence as a child has been shown to increase adult risk for psychological problems such as depression (Silvern et al., 1995). More recently, attention has been paid to

the effects on children of witnessing violence outside the home. In a review of 25 studies conducted between 1984 and 2000 that considered exclusively the effects of witnessing violence in the community (as opposed to domestic violence), Buka et al. (2001) conclude that, "existing research suggests that high levels of witnessing violence place youth at risk for psychological, social, academic, and physical difficulties" (p. 302). The problem with most of this type of research, however, is that it does not consider separately the impact of each of the different forms of violence exposure, but rather cobbles them together in various combinations to create an assortment of indices that are sometimes collectively referred to as "exposure to violence", or ETV (e.g., Buka et al., 2001). In other words, most of this research fails not only to adequately distinguish among the various types of violence-witnessing, but also fails to make the perhaps more obvious distinction between violence that is witnessed and violence that is personally experienced. Only by making direct simultaneous comparisons in outcomes between witnessing and experiencing--and perhaps especially when these two types of exposure are sufficiently similar in measurement--can the independent and relative contributions of each be adequately examined.

Also, if there are differences in effect on depression between violence witnessed and violence experienced, then those differences may be best understood in terms of differences in the mechanisms by which each works to affect depression. It is well established that childhood exposure to violence increases the likelihood of experiencing subsequent depression. Less understood, however, is why. To better assess the nature of the relationship between violence and depression, it is important to consider the processes by which childhood and adolescent exposure to violence results in adult symptomatology. The present study considers the mediating influence of family support, peer support, mastery, and self-esteem.

While there is little doubt that social support from family and peers is beneficial to psychological well-being, both directly and as a buffer against stress, some investigators have also noted that social support may itself be affected by traumas and adversities (Turner & Butler, 2003). For example, some stressors may represent for children the actual diminishment or loss of support resources, such as in cases of parental divorce or separation. Other hardships likely upset the quality of interactions that one is able to develop and maintain with others, effectively reducing perceived support. If traumas and adversities affect the development and maintenance of supportive networks (both familial and peer), and the resulting lower levels of support help explain subsequent depression, then social support is a mediator by which exposure to childhood adversity results in depression in young adulthood.

Similarly, while self-esteem appears to contribute to well-being (both directly and as a moderator of stress), there is reason to believe that experiencing adversities in childhood may inhibit the development of self-esteem. An individual's level of self-esteem is believed to arise in part out of social processes and contexts (Turner & Roszell, 1994). In other words, social environments and experiences play a role in the development of self-esteem, and so it seems likely that violence experienced in childhood would adversely affect the development of self-esteem. Furthermore, it is likely that violent victimization and witnessing violence also affect one's sense of mastery. Many studies of the negative outcomes associated with childhood victimization suggest a reduction in feelings of efficacy (Turner et al., 2015; Finkelhor, 1990). If the development and maintenance of self-esteem and mastery are ongoing processes subject to external forces, then it is reasonable to suppose that they can be diminished by stressful events and circumstances, including childhood exposure to violence. And if lower levels of self-esteem and mastery help explain subsequent depression, then they are mediators by which violence results in depression.

The primary objective of the present study is to examine the links between childhood exposure to violence and young adult depression. Assessment of the relative impact on depression of adversity experienced through direct personal victimization and adversity experienced through witnessing the violent victimization of others will be made in an attempt to identify mechanisms by which each affects psychological distress. It is believed that childhood adversity exhibits effects on psychological distress in young adulthood, at least in part, through its damaging impact on the development of social and personal resources—specifically, by affecting a reduction in family support, peer support, self-esteem, and mastery. Further, it is believed that the importance of these mediators in explaining the link to depression of adversity differs between personally experiencing victimization and witnessing the victimization of others.

3. Research Methods

3.1 Sample

This study represents secondary analysis of a survey, "Childhood Adversity and the Mental Health of Adults," funded by the National Institute of Mental Health (R03MH56169; Heather Turner, Principle Investigator). It is based on a sample of 649 individuals attending one of three colleges in the New England area. These include: a university comprised largely of

White, middle class students, many of whom come from small, semi-rural communities; a state college consisting of a mixture of working class White, Hispanic, African-American, and Asian students living in a medium-sized urban community; and an inner-city community college consisting of mostly lower-income African-American and Hispanic students who live in a large urban center.

Twenty percent of the sample is non-White and 40% of respondents came from households where the main provider had less than a college degree. The sample included students ranging in age from 18 to 29, although 95% of the sample is under 25 (median age = 19 years). The sample is 41% male and 59% female. The majority of the sample (approximately 65%) was obtained through a random sample of student registration directories. The response rate for this part of the sample was 86%. The sample also includes students who were recruited through a variety of college classes within the Liberal Arts. Response rates within classes ranged from 60% to 95%.

3.2 Measures

Symptoms of depression were assessed by the Center for Epidemiologic Studies Depression Scale (CES-D). Respondents indicated how often over the preceding two weeks they had experienced each of 20 symptoms on a 4-point scale ranging from 0 (*rarely or none of the time*) to 3 (*most or all of the time*). The specific items that constitute this measure are presented in Appendix A. A summary of the 20 items was constructed. The validity and reliability of this scale are well established (Radloff, 1977). In the present study, the reliability coefficient for the CES-D is .89.

Exposure to violence was assessed using measures designed to detect the extent to which subjects were exposed to episodes of violence, both those that were directly experienced and those that were witnessed (see Table 2). Violent episodes were coded 0 = *never happened* and 1 = *occurred one or more times*. Then, a summary count was used to construct variables representing "Violence Personally Experienced" and "Violence Witnessed". All reports of violent episodes numbering 3 or more were collapsed, while the three other categories (0, 1, and 2) correspond to the actual number of adversities experienced.

Perceived family support was assessed with a modified version of the Provisions of Social Relations Scale (Turner et al., 1983). The scale was designed to reflect the "provisions" of social relationships conceptualized by Weiss (1974), which includes attachment, social integration, reassurance of worth, reliable alliance, and guidance. Individuals responded to each item (see Appendix A) on a 4-point scale ranging from "strongly disagree" to "strongly agree." A summary of the nine items was constructed. The alpha coefficient for this scale is .84.

Eight of the nine items used to measure family support were reworded to assess attachment, social integration, reassurance of worth, reliable alliance, and guidance provided by friends rather than family (see Appendix A). As before, subjects responded to each item on a 4-point scale ranging from "strongly disagree" to "strongly agree." A summary of the eight items was constructed, and the alpha coefficient for this scale is .91.

Self-esteem was measured with a summary score of an instrument developed by Rosenberg (1965). This scale is well established in the literature. It is composed of seven items reflecting different "self-statements," or beliefs (items presented in Appendix A). Respondents rate each statement on a 5-point scale ranging from *strongly agree* to *strongly disagree*. The internal reliability for this scale is .81.

Mastery was assessed using the summary score of an eight-item scale developed by Pearlin and Schooler (1978). Respondents rated each item of a 4-point scale ranging from *strongly agree* to *strongly disagree*. This scale has also been used successfully in numerous studies, and its psychometric properties are well established. The exact wording of each item is presented in Appendix A. In the present study the alpha coefficient is .71.

4. Analysis Results

4.1 Descriptive Analyses

Given favorable response rates and success in identifying and recruiting respondents with varied socio-demographic characteristics, the sample is reasonably representative of a diverse New England college population. Both face-to-face and telephone interview modes were used (18% in-person; 82% telephone). Table 1 shows key demographic characteristics of the group of respondents.

Table 1. Sample Characteristics

	Frequency	Percent
Age		
18	163	25.3
19	174	27.0
20	139	21.5
21	67	10.4
22+	102	15.8
Sex		
Males	263	40.5
Females	386	59.5
Race		
White	519	80.0
Non-white	130	20.0
Parental education		
Less than college degree	253	39.5
Associate degree or greater	387	60.5

Frequency distributions of items measuring violence experienced and violence witnessed are shown in Table 2. The most common type of violence personally experienced was being chased by a "gang, bully, or someone you were frightened of, when you thought you could really get hurt" ($n = 115$). The least common type of violence personally experienced was suffering injury with the use of a weapon ($n = 30$). The most common type of violence witnessed by these.

Table 2. Frequency Distributions of Items Measuring Violence Personally Experienced and Violence Witnessed

	Frequency	Percent
Violence personally experienced		
Physically Assaulted by Family Member	49	7.6
Physically Assaulted by Non-family	86	13.3
Injured with Weapon	30	4.6
Threatened with Weapon	69	10.6
Chased by Someone	115	17.8
Violence witnessed		
Witnessed Intimate Physically Assaulted	135	20.8
Witnessed Intimate Assaulted w/ Weapon	44	6.8
Witnessed Intimate Threatened w/ Weapon	72	11.1
Witnessed Intimate Chased by Someone	71	11.0

Subjects was seeing an intimate physically assaulted, though seeing an intimate assaulted with a weapon was the least common type ($n = 135$, $n = 44$, respectively). A total of 349 episodes of personally experienced victimization were reported (by 218 subjects), and 322 episodes of witnessing the violent victimization of an intimate (by 203 subjects).

4.2 Regression Analyses

Table 3 shows results from a set of hierarchical regression analyses. This method was used because it provides the ability to test for the independent effect on depression of one type of violence while controlling for the effect of the other type of violence. This method also provides the ability to reveal the mediating effect of variables by detecting the extent to which they attenuate the strength in relationship between antecedents and outcomes. In Step 1, depression is regressed on violence experienced, violence witnessed, and the demographic variables. Both experiencing violence directly and witnessing the violent victimization of others have similar direct, independent effects on depression ($B = .131$, $p < .01$; $B = .126$, $p < .01$, respectively).

In Step 2, family support was added to the regression equation. Besides being directly related to depression ($b = -.176$, $B = -.112$, $p < .01$), family support also affects reductions in strength to depression of both types of adversity. Family support is a stronger mediator of violence experienced (reducing the strength to depression by 15%) than violence witnessed (7%).

Violence experienced is affected by the addition of peer support (Step 3) in much the same way as with family support, reducing its strength to depression by 16%. However, adding peer support has an unexpected effect on the relationship to depression of violence witnessed. It actually produces a small increase in strength (by 7%), suggesting that peer support is suppressing some of the effect of witnessing on depression. It could be that people with high peer support have a larger pool of peers that they consider close. This also represents a larger group of intimates whom one has the potential to see victimized, increasing one's risk of witnessing the victimization of an intimate.

When self-esteem is added to the regression equation in Step 4, it affects a substantial reduction in strength of the violence experienced coefficient (by 26%), and a moderate reduction of the violence witnessed coefficient (by 14%). Therefore, self-esteem appears to be a stronger mediator of violence experienced than it is violence witnessed.

Interestingly, whereas each of the first three resource variables have a stronger mediating influence on the relationship to depression of violence experienced than violence witnessed, the opposite is true of mastery. Adding mastery to the regression equation (Step 5) affects a smaller reduction in strength to depression of violence experienced (by 8%), and a larger reduction of violence witnessed (by 21%).

Table 3. Hierarchical Regression of Depression on the Predictor Variables: Violence Personally Experienced and Violence Witnessed (Standardized Coefficients in Parentheses)

	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Age	.287* (.105)	.283* (.104)	.214 (.078)	.255* (.093)	.248* (.091)	.229* (.083)
Sex	1.525** (.122)	1.528** (.122)	1.771*** (.142)	1.099* (.088)	1.639** (.131)	1.307** (.104)
Race	-.389 (-.025)	-.463 (-.030)	-.441 (-.029)	-.319 (-.021)	-.599 (-.039)	-.434 (-.028)
Parent education	.180 (.073)	.193* (.078)	.208* (.084)	.156 (.063)	.152 (.062)	.157 (.063)
Viol. experienced	.954** (.131)	.814* (.111)	.800* (.110)	.703* (.095)	.881** (.121)	.707* (.096)
Viol. witnessed	.961** (.126)	.891** (.117)	1.030** (.135)	.826** (.108)	.763* (.100)	.813** (.106)
Family support		-.176** (-.112)				.047 (.030)
Peer support			-.304*** (-.186)			-.099 (-.061)
Self-esteem				-.553*** (-.356)		-.435*** (-.280)
Mastery					-.485*** (-.288)	-.182* (-.108)
R ²	.063***	.075***	.095***	.186***	.144***	.197***
Number of cases	629	629	629	627	624	622

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

5. Discussion

Analyses showed that personally experiencing violent victimization and witnessing the violent victimization of others each negatively affect psychological well-being. A shortcoming of much previous research that attempts to attribute negative

outcomes to the effects of witnessing violence has been a failure to adequately control for the effects of experiencing violence. Findings from the present study bolster the idea that witnessing does have effects independent of experiencing. Further, this study used (versions of) the same set of items to measure both violence experienced and violence witnessed. This provides greater control of one type of violence while testing for the independent effects of the other, increasing confidence in the belief that witnessing has effects independent of experiencing.

Regression analyses reveal that the relationship between *personally experiencing violence* and depression is most strongly mediated by family support, peer support, and self-esteem (and more weakly mediated by mastery). That reductions in family support and peer support help explain the relationship to depression of experiencing violence likely speaks to the impact of victimization on the ability to develop and maintain supportive relationships. Reductions in peer support could be partially attributable to the tendency for earlier adversities to beget later adversities, causing wearied friends to be reluctant to continue to offer repeated support. Reductions in family support could also be attributed to the debilitating effects of victimization on social competencies. Although scant research has explicitly examined the impact of childhood victimization on subsequent family support, there is reason to expect that reductions in ability to cultivate future supportive relationships produced by victimization extend to lasting familial relations (Becker-Lausen & Mallon-Kraft, 1997). Perhaps an even better explanation, though, is that families are often the source of violence to which children are exposed. Family ties represent permanent relationships. Experiencing victimization at the hands of a family member might cause irreparable damage to that enduring association, manifested in lower levels of support.

Besides family support and peer support, self-esteem was also a prominent mediator of the victimization-depression relationship. It is not surprising that reductions in self-esteem help explain the relationship to depression of personally experiencing violence. There is much research demonstrating the severely detrimental effects that victimization can have on feelings of self-worth (e.g., Briere & Elliott, 2003). The contribution made here is in demonstrating that reductions in self-esteem are also partly responsible for the impact of victimization on later well-being, improving our understanding of the hazards of violent victimization and the processes at work in the translation of stress to depression.

Whereas the relationship to depression of personally experiencing violence is most strongly mediated by family support, peer support, and self-esteem, the relationship to depression of *witnessing violence* is most strongly mediated by mastery. It is not surprising that reductions in mastery help explain the impact of witnessing violence on later well-being. There is much empirical evidence to suggest that children who witness violence are at increased risk for experiencing numerous adverse consequences (see reviews by Buka et al., 2001; and Edleson, 1999), which can persist into adulthood (Silvern et al., 1995). While reductions in mastery as a specific consequence of witnessing violence has received less attention by researchers than many other outcomes, taken together, studies of the deleterious effects of witnessing violence do justify the expectation that mastery would be adversely affected (see review by Horn & Trickett, 1988). It is once again important to note that witnessing violence as measured in the present study involves observing the violent victimization of an intimate. Violence perpetrated in your presence against "someone you were really close to" would immediately elicit feelings of helplessness, and would probably inhibit long-term the acquisition of feelings of mastery. What this study adds is evidence of the mediating influence of mastery; reductions in mastery represents a mechanism by which witnessing the violent victimization of intimates results in later depression.

These findings--that the most important mediators of the relationship to depression of *violence experienced* are family support, peer support, and self-esteem, while the most important mediator of the relationship to depression of *violence witnessed* is mastery--demonstrate variation in (the importance of) mediators across stress types. Further evidence of this idea is found in the differences in combined mediating effects of the resource variables on the relationship to depression between violence experienced (a greater effect) and violence witnessed (a lesser effect).

6. Conclusion

In conclusion, this study contributes to an improved understanding of several issues related to childhood adversity and young adult depression. It has revealed variations in the impact on depression of different types of violence. It has also demonstrated that the pathways by which childhood adversity affect depression may be different depending on the type of violence to which one is exposed. Young adult mental health is an important issue. As stated by Chen and Kaplan (2003), "The peak onset of mental disorders...is between adolescence and young adulthood, and the prevalence of mental disorders among this age group is startling" (p 111). Because earlier mental health is an important predictor of later mental health, young adult depression matters not only for current well-being, but has important implications far beyond young adulthood. The current study could have intervention implications and would benefit from a program-based assessment. If, for example, reduced mastery does indeed offer the best explanation of the relationship between

witnessing violence and depression, then intervention strategies intended to help those who experience this specific type of adversity could benefit from this knowledge. Perhaps counseling offered victims could be designed to emphasize the development of feelings of self-efficacy. Indeed, if variations in the causal pathways by which childhood adversity affects young adult well-being can be more clearly identified, then resources and services aimed at helping those exposed to violence can be allocated with more precision and to greater effect.

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Appendix A

Table A1. Items used to measure depression, family support, peer support, self-esteem and mastery

Depressive Symptomatology

1. I was bothered by things that usually don't bother me.
2. I did not feel like eating.

3. I felt that I could not shake off the blues.
4. I felt that I was just as good as other people.*
5. I had trouble keeping my mind on what I was doing.
6. I felt depressed.
7. I felt that everything I did was an effort.
8. I felt hopeful about the future.*
9. I thought my life had been a failure.
10. I felt fearful.
11. My sleep was restless.
12. I was happy.*
13. I talked less than usual.
14. I felt lonely.
15. People were unfriendly.
16. I enjoyed life.*
17. I had crying spells.
18. I felt sad.
19. I felt that people disliked me.
20. I could not get "going."

Family Support

1. You feel very close to your family.
2. You have family who would always take the time to talk over your problems, should you want to.
3. Your family often lets you know that they think you are a worthwhile person.
4. Your family is always telling you what to do and how to act.*
5. When you are with your family, you feel completely able to relax and be yourself.
6. No matter what happens you know that your family will always be there for you should you need them.
7. You know that your family has confidence in you.
8. You feel that your family really cares about you.
9. You often feel really appreciated by your family.

Peer Support

1. You feel very close to your friends.
2. You have friends who would always take the time to talk over your problems, should you want to.
3. Your friends often let you know that they think you're a worthwhile person.
4. When you are with your friends you feel completely able to relax and be yourself.
5. No matter what happens you know that your friends will always be there for you should you need them.
6. You know that your friends have confidence in you.
7. You feel that your friends really care about you.
8. You often feel really appreciated by your friends.

Self-esteem

1. You are able to do things as well as most other people.
2. You feel you do not have much to be proud of.*
3. You take a positive attitude toward yourself.
4. On the whole, you are satisfied with yourself.
5. You wish you could have more respect for yourself.*
6. You certainly feel useless at times.*
7. At times, you think you are a failure.*

Mastery

1. You have little control over the things that happen to you.*
2. There is really no way you can solve some of the problems you have.*
3. There is little you can do to change many of the important things in your life.*
4. You often feel helpless in dealing with problems of life.*
5. Sometimes you feel that you are being pushed around in life.*
6. What happens to you in the future mostly depends on you.
7. You can do just about anything you really set your mind to.
8. When you make plans you are almost certain you can make them work.

*These items were necessarily reverse-coded.