

## *The Relationship between Paternal Involvement and Child Outcomes in Male African American Youth*

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### **ABSTRACT**

Studies have shown that children living in homes without fathers are likely to be subject to more deleterious effects than those in intact families. Few studies, however, have evaluated the specific impact of father absence in prepubescent African American boys in single parent, female-headed homes. This study examined the effects of paternal absence on boys aged 9-12. The results were that, on average, young males who did not reside with a paternal figure evidenced more depression and conduct problems than their counterparts from homes with a male figure. The findings here suggest that efforts are needed to ameliorate the negative effects of the lack of an adult male presence in the home.

### **INTRODUCTION**

Over a decade ago, demographers predicted that one-half of America's youth would spend some part of their childhoods in a one-parent family (Ahlburg and DeVita 1992). This early caveat has proved to be both accurate and prophetic in considering the makeup of the American family in the 21<sup>st</sup> century.

Changing family structures are reflected by the fact that half of all American marriages end in divorce, with the percentage of second marriage failure even higher (Sammons and Lewis 2001). Although lack of a mother figure doubtless exerts a profound influence on children's development, paternal absence is the more frequent occurrence by far (Beatty 1995; Black, Dubowitz, and Starr 1999). In a 1999 survey, nearly three-quarters of the U.S. population indicated they believed that lack of a father in the home is the most significant family and social problem facing America (National Center for Fathering).

Boys are more frequently affected than girls by their parents' divorce or separation (Auerbach and Silverstein 1999). Boys without fathers are less likely to finish high school, more likely to suffer emotionally and economically, and are more likely to have difficulty forming relationships (Alston and Williams 1982; Beatty 1995; Peretti and DiVittorio 1992; Terdal and Kennedy 1996). Boys raised in homes without fathers are also more likely to exhibit physical or verbal aggression than girls. (Mott and Kowaleski-Jones 1997).

There is a differential effect of age on the severity of impact regarding paternal absence (Mahon, Yarcheski, and Yarcheski 2003; Steinberg 1989). This may well be a result of the

less adaptive coping mechanisms of children compared to adolescents, who may have achieved increased emotional maturity and have access to supportive social networks such as peer groups (Steinberg, 1989).

Among the African American population, paternal absence has become especially pervasive, with 50% of African American single-parent families with children under the age of 18 headed by single women (Bush 2001). A number of recent studies have demonstrated a relationship between parental absence and behavior difficulties, lower cognitive abilities, and receptive-language skills deficiencies (Black, Dubowitz, and Starr 1999; Brody, Stoneman, and Flor 1995; U.S. Department of Justice 1998; Frost 1996). Similarly, the disruption of familial relationships has been found to be inversely related to depression and violent behaviors in African American adolescents (Bynum and Weiner 2002; House 2002; Levy 1997). In comparison to the number of studies evaluating the impact of father absence on non-minority children, there are significantly fewer studies looking at this in African American families.

This study sought to evaluate whether there is a higher incidence of depression in African American children who live in paternal absent homes and, whether prepubescent African American males who lack paternal presence exhibit more aggression and/ or antisocial behaviors than African American males who reside in homes with a paternal figure.

The Johns Hopkins Medical Institutions Review Board consented to the study of children who were served by its facilities, and assent forms were signed by both the parent or guardian and the child. All survey questions were read aloud to each child and caregiver independently, and questions were answered without violating standardized testing procedures.

Participants were recruited between December 2003 and March 2004 at the Johns Hopkins pediatric outpatient mental health clinic in Baltimore. Eligible study participants were referred by their mental health therapist and through a flyer posted in the clinic waiting room. African American boys between the ages of 9 and 12 and their primary caregiver were enrolled. Children with severe cognitive or developmental impairments (e.g., pervasive developmental disorder spectrum, mental retardation), neurological impairments (e.g. traumatic brain injury), or severe sensory impairments (e.g. blindness, hearing impairment)

were not enrolled. Forty-three children were referred, and 40 child/parent dyads met inclusion requirements and completed the study.

A 13-item demographic questionnaire was developed and included information about the reason(s) for referral to therapy, the duration of current and past mental health services, the number of siblings in the child's home, the gender and age of the primary caretaker(s), whether a paternal figure lived in the child's primary home, the age of the child if and when the paternal figure left, and the frequency of contact with the paternal figure.

Four instruments were employed to arrive at a profile of the participants. The Behavior Assessment System for Children (BASC), a multidimensional tool that measures aspects of behavior and personality of children between the ages of 4 to 18, was selected as one of the instrument for the study (Reynolds and Kamphaus 1992). The psychometric properties of the BASC have been extensively evaluated, and it has been found to be a reliable and valid assessment of emotional and behavioral symptoms. In this study, youth self-report forms (BASC-SRP) and parent-report forms (BASC-PRS) were used. Raw scores are transformed into T-scores to allow a comparison to the BASC standardization sample. Validity scales are also computed.

The Children's Depression Inventory (CDI) (Kovacs 1992), also used in the study, is a 27-item depression inventory designed for children from 7 to 17 years, quantifies a range of depressive symptoms experienced in the previous two weeks. Each CDI item consists of three choices (0, 1, or 2), with 0 reflecting an absence of the symptom, 1 reflecting mild symptom experience, and 2 reflecting definite symptom experience. A total score and five factors are computed: Negative Mood, Interpersonal Problems, Ineffectiveness, Anhedonia, and Negative Self-Esteem. Total scores range from 0 to 54, with higher scores reflecting a greater amount of depression symptomatology. The CDI has been found to be a valid and reliable assessment tool in a variety of clinical settings and research studies.

The Attitude Toward Guns and Violence Questionnaire (AGVQ) measures the attitudes of young people, age 6 to 29, toward guns, physical aggression, and interpersonal conflict. The 26-item questionnaire takes 5-10 minutes to complete and requires a third-grade reading level. The respondent is asked to rate statements along a 3-point Likert continuum consisting of *agree*, *not sure*, and *disagree*. *T* score equivalents are computed to allow for

comparison across subscales and a validity scale is computed (Shapiro 1998).

The final measure, the Aggressive Behavior Checklist (ABC) Self-report Form, is a self-report tool which assesses actual aggressive or violent behavior (Shapiro, 1998). The ABC was developed to complement the AGVQ questionnaire and has been found to assess the prevalence of aggression and violence reliably.

## RESULTS

T-tests and chi-square analyses examined differences between boys in paternal present versus paternal absent homes. The participants' grades ranged from 4 through 7, with approximately 35% in grade 4<sup>th</sup>. All were receiving government assistance and were considered to be low socioeconomic status. Seventy percent of the children in father-absent homes were under the age of 5 when their households became headed by a single female parent. A small number of children whose fathers did not reside in the same house had regular contact with their fathers (Once a week (n=2, 11.8%), once a month (n=3, 17.6%), and once every 6 months (n=4, 23.5%).

The incidence of referrals for internalizing (depression) and externalizing (behavior/conduct problems, hyperactivity/impulsivity, defiance to authority) problems was similar in both groups. ( $p > .05$ ). In addition, adherence with therapy appointment attendance was similar in both groups ( $X(3) = 1.71, p = .634$ ), and the time spent in therapy was similar in both groups ( $X(12) = 10.94, p = .534$ ). The groups also did not differ with respect to the age of the child at the time of their entrance into the study ( $t(38) = .95$ ).

*Table 1* Chi-Square between Frequency of Seeing Paternal Figure by Group

	Group	
	Paternal figure	No paternal figure
No Response	20 100%	12 60%
Incarcerated	0 0.0%	6 5.0%
Never	0 0.0%	6 30.0%
Once a year	0 0.0%	1 5.0%

*Note:*  $X(3) = 10.00, p = .019$

Table 2 Chi-square Between Which Person Is the Paternal Figure and Group

	Group	
	Paternal figure	No Paternal figure
Father	2 10%	0 0.0%
Grandfather	1 5.0%	1 14.3%
Uncle	3 15%	4 57.1%
Other	13 65.0%	1 14.3%
Father, grandfather,uncle	1 5.0%	0 0.0%
Grandfather, uncle	0 0.0%	1 14.3%

Note:  $X(5) = 10.64, p = .059$

Question 1: Do African American males aged 9-12 who do not have a father or father figure living in the home exhibit more depressive symptoms than those who reside with a paternal figure?

Between-group differences were observed on the CDI total score ( $t(38) = 2.64, p < .05$ ) with boys living with a paternal figure having lower total CDI scores ( $M = 44.30, SD = 8.32$ ) than those without a paternal figure ( $M = 52.90, SD = 11.96$ ). In addition, between-group differences were observed on the CDI subscales of negative mood, interpersonal problems, and anhedonia, suggesting that boys with a paternal figure had fewer problems with negative mood, interpersonal problems, and anhedonia than boys without a paternal figure in their home (Table 3).

Table 3 Means, Standard Deviations, and T-tests on Five CDI subscores (Negative Mood, Interpersonal Problems, Ineffectiveness, Anhedonia, Negative Self-esteem)

CDI subscores	Paternal Presence N=20				Paternal Absence N=20				
	M	SD			M	SD		t	Power
Negative Mood	1.25	1.16		2.95	2.40			2.86**	.79
Interpersonal Problems	1.05	1.19		2.30	1.87			2.53*	.69
Ineffectiveness	1.10	1.55		1.95	1.91			.55	.32
Anhedonia		2.60	2.48		4.60	2.89		2.35*	.62
Negative Self-esteem		0.55	0.76		1.15	1.63		1.49	.30

Note:  $df = 38, *p < .05, **p < .01$

Question 2: Do African American males aged 9-12 who do not have a father or father figure living in the home exhibit more aggression and antisocial behaviors than those who

reside with a paternal figure?

Between-group differences were observed on the ABC Total score and AGVQ total score (Table 4). Table 4 shows that those with a paternal figure had lower scores than those without a paternal figure. Similarly, between-group differences was observed on the BASC Personal Adjustment subscale ( $t(38) = 2.34, p < .05$ ).

Table 4 Means, Standard Deviations, and T-tests on ABC T Score, AGVQ Total T Score, BASC Aggression Score, and BASC Conduct Problems by Group

	Paternal Presence		Paternal Absence			
	N=20		N=20			
	M	SD	M	SD	t	Power
ABC T-score	42.55	10.74	50.75	13.01	2.17*	.56
AGVQ Total T score	44.20	6.93	49.70	9.25	2.13*	.54
BASC Aggression score	60.95	13.37	65.30	14.64	-.98	.16
BASC conduct problems	69.50	15.17	75.60	21.05	-1.05	.17

Note:  $df=38, *p<.05$

Several discriminant analyses assessed the strength of the predictor variables. A discriminant analysis of the BASC Adaptive Skills subscale scores and BASC Personal Adjustment subscale scores was statistically significant,  $X(2) = 6.40, p < .05$ . The standardized beta coefficients for BASC Adaptive Skills ( $= -.49$ ) and BASC Personal Adjustment score ( $= .87$ ) show that adjustment scores contributed almost twice that of adaptive scores in the discrimination function.

Table 5 shows a statistically significant difference between BASC: Emotional Symptoms Classification and groups. The results indicated that 90% of those with paternal figures were in the *average to low* ranges, and 35% of those without paternal figures were in the *clinically significant to at-risk* ranges.

Table 5 Chi-square between BASC: Emotional Symptoms Classification and Group

	Group	
	Paternal figure	No paternal figure
Clinically significant	0	2
70 and above	0.0%	10.0%
At-risk	2	5
60-69	10.0%	25.0%
Average	13	11
41-59	65.0%	55.0%
Low	5	2
31-40	25.0%	10.0%

Note:  $X(3) = 9.94, p=.019$

This study emanated from prior research which stated that among African American

adolescents, the disruption of family relationships was inversely related to depression and violent behaviors (Bynum and Weiner 2002; House 2002; Levy 1997). However, the literature was inconclusive about whether additional risks are borne by younger African American male children who come from single-parent rather than two-parent households (Bush 2001; House 2002; Paschall and Hubbard 1998).

The data from this study revealed robust differences between prepubescent African American males who resided with a paternal figure and those who did not. Symptoms of depression that children without father figures displayed reported experiencing more mood problems, more peer conflict, and more difficulty experiencing pleasurable activities. The results affirmed the hypothesis that higher levels of depression would be found in those who did not reside with a paternal figure. It appears from the results, that the presence of a paternal figure in the household has a positive effect on the emotional states of the prepubescent male, specifically in relation to mood, peer conflict, and ability to enjoy activities.

The data from this study also showed group differences in the predicted direction regarding aggressive behavior and attitudes about aggression, as there were significant group differences on the Aggression Behavior Checklist total *t* score and Attitudes towards Guns and Violence Questionnaire total *t* score. These differences were not apparent on the BASC aggression or conduct problems subscale scores.

Moreover, the males who resided with paternal figures had significantly higher BASC personal adjustment group scores overall when compared to those males who did not reside with a paternal figure. These findings suggest and support that hypothesis that the presence of a paternal figure in the house has a favorable effect on the prepubescent male.

This study had a number of limitations that could limit the generalizability of these results: (1) The sample size is relatively small as is evidenced by the observed small to medium effect sizes obtained; (2) A clinical population was drawn from for this study sample, and it was homogeneous with regard to SES; (3) A screening tool for symptoms of depression was used rather than a diagnostic interview. Despite these limitations, the research study supports the belief that paternal absence may have an effect on the emotional development of the prepubescent African American male. Future research is needed to devise methods to

further counteract and address this societal problem.

### CONCLUSIONS AND RECOMMENDATIONS

The study has significant implications for mental health professionals, juvenile justice programs, education, and research. The salient implication for mental health professionals is the explication of an issue that requires greater attention in pediatric psychology. There were various similarities between the paternal-absent and paternal-present groups. The results showed that when examining various classifications, the two groups were similarly compared when examining CDI subscores and discriminating between the AGVQ, ABC, and BASC. However, there were also no relationships found between the number of times seen by a counselor and groups, as both utilize mental health services similarly.

In addition, no differences were noted in reason for referral by group, number of visits, amount of time seen in the clinic and group, or relationship to the number of siblings by group. Since the participants came from a clinical sample, it is not surprising that there were various similarities within the group when looking at classifications and demographics. Both groups had also been in therapy and were receiving mental health services.

Many of the participants resided in impoverished neighborhoods and experienced poverty despite the presence of a paternal figure. “Low-income children in comparison to middle-income children are exposed to greater levels of violence, family disruption, and separation from their family” (Evans 2004, 78). These demographics may account for insignificant statistical differences in the reason for referral to therapy by group or in the number of visits or the amount of time seen in the clinic by a counselor. Lastly, there were no differences in the relationships between the number of siblings by group assessed by the demographic questionnaire and assessments used for this study.

This study also revealed that males who resided with paternal figures were better adjusted (Reynolds and Kamphaus 1992). This is consistent with the idea that a paternal figure generally has a positive effect on the development of the prepubescent male. The males who resided with a paternal figure also scored lower on the BASC: Emotional Symptoms Index with 90% of those with paternal figures in the *low-to-average* range and 35% of those without paternal figures in the *at-risk to clinically significant* range. Reynolds and Kamphaus (1992) contend “Elevated scores on the BASC: ESI will almost always signal the presence of a



serious emotional disturbance that is broad-based in its impact on the thoughts and feelings of the individual” (63). This finding supports the study hypothesis that residing with a paternal figure has a positive effect on the feelings and attitudes of the prepubescent male. Conversely, 65% of those without paternal figures were in the *low-to-average* range, which could be attributed to the therapeutic services received at the clinic.

Thus, after assessing the family dynamics, the clinician could provide effective therapeutic interventions to help the prepubescent child overcome the familial stressor of not having a paternal figure (Lowe 2000; Paschall et al. 2003; Wineburgh 2000). Ladner and DiGeronimo (2003) contend “A child who feels in control and strong, rather than helpless or hopeless, is a child who will grow to be successful” (244). In addition, they stated, “Feeling empowered helps build an affirmative framework in which to live a resilient life” (244). Similarly, anger management skills give children the ability to stay calm and use coping skills to overcome the presenting stressful situation.

Family counseling is also vital in supporting single mothers who have to deal with the stressors associated with raising the prepubescent male without a paternal figure, and clinicians need to increase their efforts to help them cope with the challenge of child rearing. At the same time, clinicians should also channel efforts into educating and encouraging paternal figures to become more proactive in the lives of their sons because of the significant impact it will have on the emotional well-being of the young male.

Funding should be allocated for community-based programs specifically directed toward developmental resources for prepubescent African American males, including black male educational academies and rites-of-passage programs. Community-based programs with positive male figures are inevitably beneficial to the prepubescent African American male.

Black male educational academies could improve the academic achievement and personal development of young black males through an Afrocentric curriculum taught by male African American instructors (Lomotey 1992; Midgette et al. 1993). The influence of positive role models on young people cannot be overstated. These men provide motivation, realistic expectations, and often a helping hand in difficult times for children (Ladner and DiGeronimo 2003). These academies not only provide role models but subsequently focus on academic achievement in math, language arts, and computer science rather than sports-related activities.

African American males are also taught values such as responsibility and self-love. Family unity can also be promoted through parental involvement in extracurricular and academic activities (Midgette 1993).

Similarly, rite-of-passage programs can also promote the goal of enhancing self-esteem through the development of a positive African American racial identity based on Afrocentric principles (Hill 1998). These programs can help youth to develop and cultivate an appreciation of their cultural and racial heritage. Programs of this nature prepare them to embrace positive values in their racial identity and provide service to their communities. With the disproportionately high number of African American males who are incarcerated, there is a paucity of positive male leadership for boys to emulate. Thus, funding for academies and programs such as these are paramount in providing viable interventions to deter delinquent behaviors and promote prosocial behaviors for young African American males who lack male mentorship.

This study should also provide juvenile justice programs a theoretical framework to further understand the plight of many prepubescent African American males who present deviant behaviors. Pratt (1993) reveals that young African American males aged 10-17 represent only 15% of the nation's population, but they constitute over 23% of the juvenile arrests, 41% of the training school population, and 33% of public detainees. In addition, it is reported that 73% to 75% of poorer young African American males have received institutionalization as a sentence because they could not afford private counsel during the arrest and court stages of legal proceedings (Pratt 1993).

This study also has implications for education through raising the cognitive awareness of educators about the psychosocial factors that affect the mental health of prepubescent African American males. Many of these project participants resided in impoverished neighborhoods, a condition which accounted for referrals to the outpatient clinic that provided data for this study. Many of the neighborhoods where these prepubescent males resided were frequently reported as scenes of violence. Osofsky (1995) argued that it is imperative to study the combined impact on children being raised in stressful homes who reside in violent neighborhoods.

Because of the rapid emergence of greater numbers of various ethnicities in the United

States who reside in low-income areas and who lack paternal presence, additional studies are needed to investigate the emotional development of these children. Low-income children are exposed to much more criminal or gang activity, family disruption, and separation from their family than middle-income children (Emery and Laumann-Billings 1998).

It would also be valuable to examine gender differences within this same population. Gender differences in internalizing difficulties, particularly depressive symptoms, are indicated during early adolescence with girls, who manifest twice the risk for depression as boys (Peterson 1993; Nolen-Hoeksma 1994).

Another area of research should examine if the gender of the therapist affects prepubescent males in therapy. In this study, 14 paternal-present participants were seen by male therapists compared to six who were seen by female therapists. Conversely, 13 paternal-absent participants were seen by female therapists and only 7 by male therapists (Table 2). This is significant because there are more females than males in the mental health field but more troubled young males without paternal presence in the home who need therapy. If this study found that prepubescent males benefit from a paternal influence, it would be likely that a male therapist would be beneficial for the treatment of the male child without a paternal figure than a female therapist. Thus, a study of this nature would be beneficial for the mental health treatment for males without a paternal figure.

This study found that biological fathers of 70% of the males had left the home before the child was five years old. Future research might replicate and extend these findings to children from a broader range of ages, possibly from early childhood to kindergarten. Younger children tend to have fewer resources for coping with familial stressors, exacerbating the negative effect on their adjustment (Osofsky 1995).

Studies of African Americans are underrepresented in general, but particularly so in research on parenting (Forehand and Jones, 2003) Thus, future research on parenting practices among African American families in relation to successes or consequences could clarify which parenting methods are most successful and which are most harmful to the healthy emotional development of African American children.

Even with its constraints, this study provides impetus for further significant research and discussion but is only a step toward understanding the emotional cycle many prepubescent

African American males experience when they lack a paternal figure to guide them.

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