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Peer Victimization and Illicit Drug Use Among African American Adolescents in Chicago: The Moderating Effects of Religious Affiliation

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ABSTRACT ***Objective:*** Investigators have examined the moderating effects of young people's relationships with parents, teachers, and peers on victimization and on adverse outcomes such as drug use. However, the moderating influence of religious affiliation on the association between peer victimization and illicit drug use, the focus of this paper, has seldom been examined. ***Method:*** Participants were 638 low-income African American youth ages 12–22 (mean age = 15.8; 54% female and 46% male) in Chicago, IL. We conducted hierarchical logistic regression analyses to examine the moderating effect of religious affiliation on the relationship between peer victimization and illicit drug use. ***Results:*** Youths who had been victimized by peers were at elevated risk for illicit drug use. Victimized peers who reported a religious affiliation or who attended religious services were less likely to use illicit drugs than other youths. Involvement in prayer or meditation per se did not influence the relationship between peer victimization and illicit drug use. ***Conclusions:*** Affiliation and participation in religious services may be important intervention points in efforts to prevent or reduce illicit drug use.

KEYWORDS: bullying, peer victimization, illicit drug use, religiosity, African American youth

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Young people become increasingly vulnerable to bullying victimization and illicit drug use during adolescence. *Bullying* is a subtype of physical, verbal, and relational aggressive behavior that is deliberate and repeatedly perpetuated by an individual or a group of individuals against a particular person (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014). According to the U.S. Depart-

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ment of Justice, 21% of students in U.S. school districts nationwide report being bullied by their peers at school (Musu-Gillette et al., 2018). The National Survey of Drug Use and Health reported that approximately 2 million adolescents ages 12–17 have used illicit drugs (Substance Abuse and Mental Health Services Administration, 2017). Bullying, victimization, and illicit drug use vary by factors such as race, ethnicity, and religious affiliation. We explore these relationships in this paper.

Illicit Drug Use Among African American Youth

Illicit drug use is defined as the nonmedical use of drugs that are prohibited by international laws, such as amphetamine-type stimulants, cannabis, cocaine, heroin and other opioids, and ecstasy (Degenhardt, Hall, Warner-Smith, & Lynskey, 2004). Research indicates that African American adolescents and young adults begin alcohol use at a later age and report lower rates of binge drinking than their White peers (Courtney & Polich, 2009; McCabe et al., 2007; Wallace, Bachman, et al., 2003; Windle, 2003). There is, however, mixed evidence of the prevalence of drug use among different racial and ethnic groups. For example, one longstanding national survey of drug use among secondary school students reported that between 1975 and 2009, drug use was consistently lowest among African Americans, relative to White and Hispanic youth (Johnston, O'Malley, Bachman, & Schulenberg, 2010). However, another recent survey (Substance Abuse and Mental Health Services Administration, 2017) found that rates of illicit drug use were slightly higher among African American youth ages 12 and older when compared to adolescents from other racial or ethnic groups.

A longitudinal study that examined racial differences in motivation for alcohol use in a sample of adolescents ages 13–19 found that African American respondents used alcohol to regulate negative emotions (*coping motivation*), whereas White respondents used alcohol to regulate positive emotions (*enhancement motivations*; Cooper et al., 2008). Poor access to health care and/or treatment has also been found to contribute to alcohol and drug use among impoverished African Americans, who may in turn use alcohol and drugs to cope with daily stressors such as racial discrimination (Alegria, Carson, Goncalves, & Keefe, 2011; Gibbons et al., 2010; Stock, Gibbons, Walsh, & Gerrard, 2011).

The Link Between Peer Victimization and Illicit Drug Use

The relationship between peer victimization and drug use is described and supported by a number of theories. Psychosocial theorists argue that young people who are bullied experience depression, low self-esteem, or anxiety and may consequently turn to drug use as a way of coping with victimization (Powers & Matano, 1996). Theories of hopelessness suggest that young people who are victimized often make three types of inferences or attributions after experiencing a negative

event: (a) the causes of the event are attributed to stable and uncontrollable factors, (b) the consequences of the event are profound and unchangeable, and (c) the event is interpreted as evidence of the self as worthless or inferior (Graham & Juvonen, 1998; Siyahhan et al., 2012). Finally, investigators have used a "self-medication hypothesis" to help explain the link between peer victimization and drug use. That is, young people who are victimized by peers may have high levels of negative affect, which may increase their risk for drug use over time (Cooper, Agocha, & Sheldon, 2000).

Studies have also examined the relationship among bullying, victimization, and illicit drug use (Luk, Wang, & Simons-Morton, 2010; Niemela et al., 2011; Radliff, Wheaton, Robinson, & Morris, 2012; Reisner, Greytak, Parsons, & Ybarra, 2015; Tharp-Taylor, Haviland, & D'Amico, 2009). A recent meta-analysis reported that bullying perpetration was a consistent, long-term predictor of drug use (Ttofi, Farrington, Losel, Crago, & Theodorakis, 2016). Evidence supporting the relationship between victimization and illicit drug use, however, is more mixed. One cross-sectional study of 1,495 10th-grade students reported that victims of bullying were more likely to use alcohol, cigarettes, and marijuana than other youths (Luk et al., 2010). A longitudinal study of 926 ethnically diverse 6th–8th grade students found that bullying victims were at increased risk for using alcohol, cigarettes, marijuana, and inhalants (Tharp-Taylor et al., 2009). In contrast, Niemela and colleagues (2011) reported that although frequent peer victimization at age 8 was related to heavy smoking at age 18, it did not predict illicit drug use per se. Other studies have found little evidence that victims of bullying are more inclined to use drugs than peers who have not been bullied (Houbre, Tarquinio, Thuillier, & Hergott, 2006; Kelly et al., 2015; Rivers, Poteat, Noret, & Ashurst, 2009; Sangalang, Tran, Ayers, & Marsiglia, 2016). Additional studies are needed to better understand the complex relationship among bullying, victimization, and drug use.

Few studies have examined or identified moderators that buffer the effect of peer victimization on illicit drug use, particularly among African American youth. A young person's religious affiliation may be one such moderator.

Religion as a Protective Factor for Illicit Drug Use

Religion is "an institutionalized pattern of values, beliefs, symbols, behaviors, and experiences that involve spirituality, a community of adherents; transmission of traditions over time; and community support functions that are directly or indirectly related to spirituality" (Canda & Furman, 2010, p. 76). Theoretically, religious affiliation may be a protective factor for behavioral health problems such as drug use because it may exert positive, constructive influences in the lives of adolescents (e.g., Smith, 2003). An established body of research indicates that religious involvement is associated with positive behavioral and psychosocial health (Dew et al., 2008). A meta-analysis found that young people who reported higher religiosity reported

lower rates of using marijuana and other drugs (Yeung, Chan, & Lee, 2009), and other reviews have reported similar findings (Koenig, 2012; Kub & Solari-Twadell, 2013).

Religion is often identified as an important protective factor in the lives of African Americans (Glick & Golden 2010; Pew Forum on Religion and Public Life, 2008; Pitt, 2010; Rew & Wong, 2006; Taylor, Mattis, & Chatters, 1999; Wilson, Wittlin, Muñoz-Laboy, & Parker, 2011). Religious involvement among African American youth often starts at a young age and remains salient during adolescence (Wallace, Brown, Bachman, & Laveist, 2003). Although some studies have explored the impact of religion on the psychosocial health and well-being of African American adults (Walker, Salami, Carter, & Flowers, 2014), few studies have examined the role of religion on behavioral and psychosocial outcomes for African American youth (Cotton, Zebracki, Rosenthal, Tsevat, & Drotar, 2006; Rose, Joe, Shields, & Caldwell, 2013). Yet, research suggests that religion is positively associated with better mental health (Rew & Wong, 2006; Wong, Rew, & Slaikeu, 2006), and for African American youth, religion can play a protective role (Adedoyin & Salter, 2013). Further examination of how religious affiliation moderates the relationship between peer victimization and drug use among low-income African American youth is needed.

Religious Affiliation, Bullying, and Victimization

We are aware of only three studies that have explored the potential of religiosity to protect against bullying (Cole-Lewis, Gipson, Opperman, Arango, & King, 2016; Dutkova et al., 2017; Mercado-Crespo, 2013). In a sample of preadolescents in Puerto Rico, Mercado-Crespo (2013) found that religiosity did not mitigate the negative outcomes associated with peer victimization. Another study, which explored the relationship between spiritual well-being and bullying among Slovak adolescents, reported that spiritual well-being was negatively associated with bullying (Dutkova et al., 2017). Cole-Lewis and colleagues (2016) examined religious involvement and religious supports in relation to depressive symptoms and suicidal ideations in a sample of 161 youths (ages 12–15) who were screened for peer victimization and bullying perpetration. Their results indicated that private religious practices and religious supports were linked to lower levels of depressive symptoms, and private religious practices and organizational religiousness were associated with less suicidal ideation.

Study Aims and Hypotheses

The present study explores the relationship among bullying, victimization, illicit drug use, and religious involvement. We examine the following hypotheses: (a) youths who are victimized by their peers are more likely to use illicit drugs than other youths, (b) religious affiliation moderates the relationship between peer victimization and illicit drug use, (c) prayer or meditation reduces the risk of illicit drug use among youths who are victimized by their peers, and (d) attending religious

services moderates the association between peer victimization and illicit drug use. We control for age, sex, household composition, government assistance, and sexual identity based on prior findings suggesting that these factors are correlated with peer victimization and illicit drug use (e.g., Carlyle & Steinman, 2007; Espelage & Swearer, 2003; Luk, Wang, & Simons-Morton, 2012; Marshal et al., 2008; Reisner et al., 2015).

Method

Sample and Procedure

The Resilience Project was a cross-sectional survey study that included a sample of mostly low-income African American youth (Voisin, Berringer, Takahashi, Burr, & Kuhnen, 2016; Voisin, Patel, Hong, Takahashi, & Gaylord-Harden, 2016). The project was designed to explore factors associated with decreased behavioral health risks among African American youth who are exposed to violence in mostly low-income communities. The study was conducted between August 2013 and January 2014 in Chicago's South Side area. The initial aim was to identify factors that promote protection and enhance resiliency among youth in the presence of high rates of community violence. At the time of the study, South Side residents were predominantly low-income African Americans. Annual median income in the area was $24,049–$35,946 (compared to $43,628 in greater Chicago), and 28.9%–32.3% of households were headed by a single female (compared to 13.9% in greater Chicago; City-Data, 2015).

Study participants were recruited in three high schools, one youth church group, two community youth programs, and four public venues (e.g., parks, fast food outlets, and movie theaters) frequented by youths. In schools, 606 people were invited to participate, and 579 enrolled in the study. At community centers, 38 of 42 people enrolled; 44 of 49 people enrolled at churches, and 39 of 56 enrolled at public venues. The overall response rate was 87% based on the 753 youths who were initially invited to participate in the study.

Youths were eligible for the study if they self-identified as African American and were ages 13–24 years. Those under age 18 provided informed assent; a caregiver provided informed consent. Those who were 18 and older independently provided consent. The age range of 13–24 years was selected because it represents early to late adolescence.

With the permission of schools, churches, and community centers, flyers describing the study were posted at these venues, and trained research assistants introduced the study to potential participants in these locations. Each participant was provided with a letter describing the study, along with parental consent forms; those who returned signed consent forms were enrolled in the study. Youths recruited in public venues were only asked to participate if a caregiver was present to provide consent. Questionnaires were administered in small groups when possible.

To minimize interruptions and maintain confidentiality, all participants (N = 638) were monitored by research assistants as they completed the self-administered questionnaire. Participants who were recruited from schools, community programs, and churches were given the questionnaire in those respective locations in spaces assigned by the venue. The few participants who were recruited in public venues were administered the questionnaire in a quiet location at or near those venues. In such instances, questionnaires were only administered if a caregiver was present to provide consent. The questionnaire could be immediately administered and took up to 45 minutes to complete; participants received $10. All study procedures were approved by the University of Chicago Institutional Review Board.

Measures

Religious affiliation was assessed using two items from an instrument developed by Régneras (2003). The two items were "How often do you pray or meditate?" and "How often do you attend church and/or other religious services?" Reponses were recorded using a 4-point scale that ranged from 0 (*Never*) to 3 (*Very often*). Both items were included in the model.

Peer victimization was measured with four items from the University of Illinois Victimization Scale (Espelage & Holt, 2001). Participants were asked "how many times you did this activity or how many times these things happened to you in the last 30 days": "Other students called me names"; "Other students made fun of me"; "Other students picked on me"; and "I got hit and pushed by other students." Responses options consisted of 0 (*Never*), 1 (*1 or 2 times*), 2 (*3 or 4 times*), 3 (*5 or 6 times*), and 4 (*7 or more times*). A composite score was calculated, with higher scores indicating high levels of peer victimization. The reliability coefficient using Cronbach's alpha was .87.

Illicit drug use was measured with the following questions: "Have you ever taken ecstasy (Molly, MDMA)?"; "Have you ever used Lean or Krokodil (cough syrup, codeine)?"; "Have you ever used marijuana (blunts, pot, weed)?"; and, "Have you ever used crack or cocaine?" Response options for these questions were 0 (*No*) and 1 (*Yes*). A composite score was calculated first and dichotomized to 0 (none) and 1 (having used at least one of the drugs).

Covariates included age, biological sex (0 = *Male*, 1 = *Female*), poverty ("Are you currently receiving free or reduced lunch and/or SNAP benefits [Link Card]?"; 0 = *No*, 1 = *Yes*), household composition ("Who lives in your household?"; 0 = *Other than two parents*, 1 = *Two parents*), and sexual identity ("How do you identify yourself?"; 0 = *Nonheterosexual*, 1 = *Heterosexual*).

Analysis

We conducted univariate analyses to describe the sample and bivariate analyses to examine the relationships among study variables. To examine the moderating effect of religious affiliation on the relationship between peer victimization and

illicit drug use, we conducted hierarchical logistic regression analyses. Model 1 assessed the relationship between study covariates and illicit drug use. The independent variable *peer victimization* was included in Model 2 along with the covariates. Model 3 added *prayer or meditation* in addition to all the prior study variables. Model 4 added attending church or other religious services. In Model 5, an interaction term—*peer victimization* × *prayer/meditation*—was included along with all prior study variables. Finally, in Model 6, *peer victimization* × *attending church or other religious services* was included along with all prior study variables. We calculated unstandardized estimates, adjusted odds ratios, and 95% confidence intervals for all models. All analyses were performed using SPSS (Version 22.0).

Results

Sociodemographic characteristics of study participants are presented in Table 1. Among the 638 participants, 45.6% were male and 54.4% were female, and the mean age was 15.8 years ($SD = 1.42$; range: 12–22). Most of the participants (81.6%) self-identified as heterosexual. Slightly more than three quarters (75.7%) of the overall sample qualified for free or reduced school lunch, indicating that the majority of participants resided in low-income households. Approximately 30% of participants lived with two parents. The mean was 2.5 ($SD = 0.98$; range: 0–4) for prayer or meditation, 2.4 ($SD = 1.03$; range: 0–4) for attending church or other religious services, and 2.2 ($SD = 3.2$; range 0–16) for peer victimization. Approximately 45% of the participants had used at least one of the illicit drugs.

Correlation analyses showed that peer victimization was positively related to illicit drug use ($r = .082$, $p < .05$). In addition, both prayer/meditation ($r = -.09$, $p < .05$) and attending religious services ($r = -.16$, $p < .001$) were negatively related to illicit drug use. However, peer victimization was independently and significantly correlated with attending religious services ($r = .078$, $p < .05$). We also calculated the tolerance and variance inflation factor for each independent variable in the model; all variables indicated a value of less than 10, implying no concerns over multicollinearity.

Table 2 presents the results of the hierarchical logistic models computed to predict illicit drug use. We estimated the goodness of fit for each model, and all logistic models fit with their predictors. The first model estimated the influences of the covariates on illicit drug use. Results indicated that participants who were older (adjusted odds ratio [*AOR*] = 1.331; 95% CI [1.166, 1.519]), male (*AOR* = 1.634; 95% CI [1.123, 2.379]), nonheterosexual (*AOR* = 2.153; 95% CI [1.315, 3.526]), and living with other than two parents (*AOR* = 3.231; 95% CI [1.782, 5.795]) were more likely to use illicit drugs.

Next, we added peer victimization to Model 2. As hypothesized, peer victimization was positively associated with illicit drug use (*AOR* = 1.093; 95% CI [1.014, 1.311]). Prayer or meditation was then added to Model 3 but was not significantly associated with illicit drug use. Attending church or other religious services was added

Table 1
Descriptive Statistics of the Overall Sample (N = 638)

Variable	*n* (%)	*M* (*SD*)
Age (range: 12–22 years)	–	15.8 (1.42)
Sex		
Male	290 (45.6)	–
Female	346 (54.4)	–
Sexual identity		
Heterosexual	475 (81.6)	–
Nonheterosexual	107 (18.4)	–
Government assistance		
Yes	476 (75.7)	–
No	153 (24.3)	–
Household composition		
Two parents	194 (30.4)	–
Other	444 (69.6)	–
Religious affiliation		
Prayer or meditation (range: 0–4)	–	2.50 (0.98)
Attending religious services (range: 0–4)	–	2.40 (1.03)
Peer victimization (range: 0–16)		2.20 (3.20)
Illicit drug use	285 (44.7)	–

Note. For the two items assessing religious affiliation, higher scores indicate more frequent involvement. Composite scores were calculated for peer victimization and illicit drug use, with higher scores indicating higher levels of drug use and peer victimization, respectively. *M* = mean; *SD* = standard deviation.

to Model 4 and indicated that participants attending church or other religious services were less likely to use illicit drugs (*AOR* = .673; 95% CI [.542, .835]). The interaction term *peer victimization* × *prayer or meditation* was then added to Model 5. Results indicated that the moderating effect of peer victimization and prayer or meditation on illicit drug use was not significant.

Finally, we added the interaction term *peer victimization* × *attending religious services* to Model 6. The moderating effect of peer victimization and attending religious services on illicit drug use was significant (*AOR* = 1.113; 95% CI [1.021, 1.489]), indicating that the interaction between peer victimization and attending religious services reduces the link between peer victimization and illicit drug use.

Discussion

The aim of the present study was to examine, in a sample of urban African American youth, whether religious affiliation would reduce or buffer the association between peer victimization and illicit drug use after controlling for age, sex, household composition, government assistance, and sexual identity. As hypothesized, we

Table 2
Hierarchical Logistic Regression Models for Illicit Drug Use (N = 638)

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Variables	Exp (*B*)	Exp (*B*)	Exp (*B*)	Exp (*B*)	Exp (*B*)	Exp (*B*)
Age	0.286***	0.287***	0.282***	0.260***	0.270***	0.274***
	(1.331)	(1.333)	(1.326)	(1.297)	(1.311)	(1.315)
Sex (male)	0.491*	0.491*	0.469*	0.367	0.390*	0.373
	(1.634)	(1.634)	(1.598)	(1.444)	(1.477)	(1.452)
Nonheterosexual	0.767**	0.763**	0.751**	0.713**	0.740**	0.739**
	(2.153)	(2.145)	(2.119)	(2.040)	(2.097)	(2.093)
Government assistance (no)	0.403	0.401	0.407	0.428	0.429	0.422
	(1.492)	(1.483)	(1.503)	(1.534)	(1.535)	(1.528)
Other than two parents	1.167***	1.169***	1.143***	1.130***	1.150***	1.128***
	(3.231)	(3.218)	(3.315)	(3.096)	(3.158)	(3.091)
Peer victimization	–	0.135**	0.126*	0.118**	0.116*	0.098
		(1.133)	(1.120)	(1.116)	(1.015)	(1.009)
Prayer/meditation	–	–	−0.108	0.085	0.083	0.085
			(0.898)	(1.089)	(1.087)	(1.088)
Attending religious services	–	–	–	−0.396***	−0.399***	−0.412***
				(0.673)	(0.671)	(0.662)
PV × Prayer/meditation	–	–	–	–	0.140	0.070
					(1.151)	(1.075)
PV × Attending religious services	–	–	–	–	–	0.113*
						(1.028)
χ^2 (*df*)	58.26***	58.28***	59.62***	72.90***	75.31***	76.73***
	(5)	(6)	(7)	(8)	(9)	(10)
−2 log likelihood	689.087	689.064	687.720	674.442	672.036	670.610

Note. Exp (*B*) = odds ratio; PV = peer victimization; *df* = degrees of freedom.
*$p < .05$; **$p < .01$; ***$p < .001$.

found a positive relationship between peer victimization and illicit drug use, which was consistent with several prior investigations (Radliff et al., 2012; Tharp-Taylor et al., 2009). Collectively, the link between peer victimization and illicit drug use can be explained by psychosocial theory, which purports that youths who experience stressors (e.g., victimization) may turn to drugs as a way to feel better (Powers & Matano, 1996).

We found that religious affiliation buffered or reduced the link between peer victimization and illicit drug use among urban African American youth. In addition, although prayer or meditation was not found to buffer the association between peer victimization and illicit drug use, attending religious services was found to reduce the risk of illicit drug use among youths who reported peer victimization. Prior findings have shown that religious involvement was associated with better

behavioral health outcomes (e.g., lower rates of illicit drug use) among African American youth (see Dew et al., 2008; Kim, Hardy, Takahashi, & Voisin, 2018; Koenig, 2012; Kub & Solari-Twadell, 2013; Yeung et al., 2009). For urban African American victims of bullying, religion appears to help mitigate the risk of engaging in drugs. There are several plausible explanations for the protective effects of religious involvement when it comes to peer victimization and associated illicit drug use. One explanation is social supports. Youths who are bullied but also connected to communities of faith might use such social ties to help them mitigate stress and negative feelings associated with being bullied. Another explanation is that of social networks. Youths who have been bullied but are religiously involved might belong to a network that discourages illicit drug use and other such behaviors. Affiliation with such networks might reduce stress and illicit drug use, both of which are commonly associated with being bullied. A higher level of adult supervision is another plausible explanation. Youths who are bullied but are religiously involved might be more engaged in faith-based activities with others and may be monitored more by adults in these church communities, which might decrease the risk of engaging in illicit drug use and other deviant behaviors.

Limitations

Several limitations warrant discussion. First, causal or temporal inferences cannot be made due to the cross-sectional nature of the study. In addition, a purposive sampling approach was used to recruit African American youth from low-income neighborhoods. The lack of random sampling limits the generalizability of the study's findings. There also a possibility of self-selection bias based on the characteristics of youths who chose to participate in the investigation. Finally, three major types of drugs—including heroin, methamphetamines, and opioids—were not assessed in our study.

Implications for Practice

Our findings provide insight into the role of religious affiliation as a protective factor against illicit drug use in bullied adolescents, which has implications for practice. African American youth in Chicago's South Side reside in underserved and resource-deprived urban communities; as a result, they are more likely to experience social–emotional difficulties, behavior problems, and interpersonal conflicts, all of which can heighten their risk for illicit drug use. In addition, both peer victimization and illicit drug use most frequently occur in school and community; therefore, our findings can provide school personnel and community members with much-needed information that can be used to develop strategies to address bullying and prevent illicit drug use in urban communities.

A growing number of promising programs for youth in urban areas have been identified over the years (Greenberg et al., 2003). Such programs include, for

example, school-based violence-prevention curricula (Farrell & Meyer, 1997); Peace-Builders, a universal school-wide violence-prevention program focusing on behavior change in proximal interpersonal and social settings (Flannery et al., 2003); mindfulness-based stress reduction, a program designed to reduce stress and improve mental health (Sibinga et al., 2013); and school-wide positive behavior support, a comprehensive structure for schools to address students' antisocial behavior (McCurdy, Kunsch, & Reibstein, 2007). However, environment and social structures such as religious organizations are also a key component of an effective community (Alvord & Grados, 2005; Zolkoski & Bullock, 2012), as documented in the present study and prior findings. Given the salience of religious affiliation among African American adolescents, professionals in urban communities may increase effectiveness by engaging with religious institutions where youths have affiliations. Many Black churches provide an array of social services to the African American community, most of which pertain to youth and families (Molock, Matlin, Barksdale, Puri, & Lyles, 2008). Black churches also provide an ideal location for interventions because African Americans are more likely to seek help from clergy for psychosocial distress, report higher level of satisfaction with the services provided in their churches, and perceive clergy as formal social service providers (Molock et al., 2008; Molock, Spann, Barksdale, Gaiber, & Plourd, 2004). The consideration of religious affiliation as a positive influence and resource may facilitate a reduction in risk behaviors that accompany peer victimization.

Our findings suggest that connections to supports, activities, and institutions that promote positive youth development might be protective for low-income African American youth. Although not assessed within this study, such programs might also extend beyond religious organizations to include mentoring programs and after-school activities.

Conclusion

Our results show that religious affiliation and involvement mitigates illicit drug use among urban African American youth who experience peer victimization. This supports the notion of the life-sustaining impact religious involvement has on the resiliency of the African American community. Therefore, by recognizing the value of religious affiliation as a protective factor for the African American community, interventionists and program planners can develop culturally appropriate interventions and programs that target drug use among urban African American youth who have experienced peer victimization.

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