5 Children in Crisis

The Mental Health Status of Immigrant and Migrant Hispanic Children

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With a constant stream of new immigrants who bring the beliefs, values, and practices of their home cultures, the United States has become a society of unparalleled diversity. Yet, American history has always been one of immigration and diversity. Eight nationalities were represented on Columbus's first voyage to America's shores. They were greeted by a variety of Native Americans who had migrated across Siberia and over the Bering Strait to Alaska (Takaki, 1993). Columbus's "later children" came from Europe in large numbers at the turn of the twentieth century. In 1940, 70% of immigrants to the United States came from Europe and 37% from Asia. During the 1970s and 1980s, 17 million immigrants entered, doubling the number that had arrived during the four preceding decades (Fix & Passel, 1994). By 1992, 15% of immigrants were from Europe, 37% from Asia, and 44% from Latin America and the Caribbean. In 1993, more than one million immigrants arrived. Among the fastest growing segment of children age 15 and under are first- and second-generation immigrant children. According to Haney (1987), the total number of immigrant school-age children 5 to 18 years ranges from 2.1 million to 2.7 million. Immigrant children are, therefore, becoming a very important part of our communities and schools. Most of the immigrant children and their families who arrive in the United States today come from Mexico, Central and South America, and Asia. Today hostility is directed mainly toward Hispanics and to a lesser extent Asians (Fix & Passel, 1994).

According to the Immigration and Naturalization Service (INS, 1996), only about three in ten newcomers are "undocumented aliens." Even so, immigration experts say they are the main source of a rising national hostility toward all immigrants legal and illegal, as effects of immigration on labor and public expenditures are publicly debated with malice and intolerance (Loh, 1994). Immigrants, whether documented or undocumented, are

a. ..ned to contribute little to the American economy, to drain its social resources, and to occupy jobs for lower wages than most Americans would accept. If immigrants are poor and economic times challenging, the mixture is especially volatile. Yet it is shortsighted to ignore the needs of immigrant children and their parents and the barriers they face in becoming contributing members of our society.

Immigrant children and families in the United States face conflicting social and cultural demands while trying to acculturate to a new country. The relationship between immigrant status and mental health is complex and is influenced by a range of factors. Loss, separation, traumatic events, and eventual adaptation to new and evolving life circumstances are experiences that most immigrants experience across the life span. The community of origin, the circumstances of the migration, and the characteristics of the resettlement are factors that affect families and children as they adapt to a new cultural, linguistic, social, and climatic environment (Laosa, 1990). In view of the stressors that immigrant children encounter, it is becoming increasingly important for researchers and practitioners to learn about their mental health needs in order to understand how to help these children and their families. The purpose of this chapter is to consider factors that affect the mental health of immigrant and migrant Hispanic children as they grow and develop. A theoretical model of resilience to help visualize these factors will be presented.

Hispanic Immigrant Population

The 1990 census counted 2.1 million foreign-born children in the United States. Adding second-generation immigrants increases the number of children to more than 5 million as of 1990 (Fix & Passel, 1994). In 1995 more than 10% of the total U.S. population (nearly 27 million) was of Hispanic origin (U.S. Bureau of the Census, 1995). This group included persons whose birth or family originated in Mexico, Central or South America, Puerto Rico, Cuba, or other parts of the Caribbean. Over 40% of the 27 million Hispanics were either foreign-born or born in Puerto Rico. The single largest group within the foreign-born population was Mexican (6.7 million). In general, the rate of growth in the Hispanic community is about seven times larger than among non-Hispanics, with 25% of Americans from Hispanic origin projected by 2050 (U.S. Bureau of the Census, 1996).

As the next century approaches, such population trends in the United States suggest that Hispanic youth are and will continue to be a significant portion of the nation's population. By the year 2000 it is projected that 2,496,000 Hispanic children will be under 5 years of age, and 6,207,000

Table 5–1. Parental Profile of the Hispanic Health and Nutrition Examination Survey

	Mexican American	*Cuban American*	*Puerto Rican*
Mother's age (years)			
Father's age (years)			
Head of household, years in school	9.2	11.03	10.06
Family income	$14,900	$16,800	$11,600
Family size	5.16	4.4	4.7

will be 5 to12 years of age. By 2040, Hispanics will constitute one-quarter (24.8%) of all preschool children in the United States (COSSMHO, 1993).

However, Hispanics are not a homogeneous group, despite the fact that they share a common language. The Hispanic community is a rich mosaic of racial and ethnic populations (U.S. Bureau of the Census, 1995). Variance exists among families according to the Hispanic Health and Nutrition Examination Survey (Haney, 1987), conducted by the National Center for Health Statistics in response to the need for detailed health information about Hispanics. Among the children and parents sampled for this survey, it was found that mothers' ages ranged from 24.1 to 26.9 years with the Puerto Rican mothers being the youngest, as Table 5–1 illustrates. Fathers of children sampled were somewhat older. Paternal age ranged from 27.2 years (Mexican American) to 30.2 years (Cuban American). The number of years in school for head of the household varied from 9.2 years to 11.03 years. Mexican American heads of household were the least educated. Family income also varied, with the Puerto Rican household reporting the least income ($11,600).

Such information helps to tailor research, intervention, and policies that respond to the particular experiences of a Hispanic subgroup in order to empower families and promote child competence. Oftentimes, the term "Hispanic" is simplistically used and broadly refers to all populations with ancestral ties to Spain, Latin America, or the Spanish-speaking Caribbean. Such uncritical ethnic labeling may obscure the diversity of social histories and cultural identities that characterize these populations. By identifying subgroups based on national origin, such as Mexican American, Puerto Rican, Cuban, or Central or South American, a more specific level of categorization is provided. Poorly defined groupings can result in research, programs, and policies that are not responsive to the culture and its actual needs (Novello, 1991).

daptation among immigrant children and their families needs to be considered in a continuum that ranges from adaptation to maladjustment. Disparate findings have shown both increased and decreased rates of psychiatric disorder among immigrant children compared to nonimmigrant children (Munroe-Blum et al., 1989; Board on Children and Families, 1995). Some studies have indicated that many immigrant children are able to overcome the hardships they encounter in immigrating and acculturating to their new surroundings at home and at school and are not maladjusted (Weinberg, 1979). Others have found that second-generation Hispanic children are at higher risk for mental disorders because they often feel trapped between two cultures (Martinez & Valdez, 1992). According to Aronowitz (1984), when mental health problems appear, they appear as behavioral disorders or identity disorders in adolescence. Current knowledge indicates that acute psychiatric disorders are infrequent among immigrant children (Sam, 1994). However, there have been no systematic investigations of the rate of psychiatric disorder, mental health status, and adjustment of immigrant children in the United States.

Theoretical Framework

Risk and Resilience

Why do some immigrant children successfully adapt to their new environment, in spite of unusually challenging circumstances, and excel beyond the academic and social norms of U.S. natives, while others do not adapt? Among Hispanics the prevalence of educational and mental health problems rise as a function of their length of time in the United States. (Baral, 1979; Borjas & Tienda, 1985; Canino, Earley & Rogler, 1980; Valdez, 1986). Evidence suggests that Hispanics widely vary in their coping strategies, adjustment, development, and adaptation (Laosa, 1990; London, 1990). Their vulnerability to the events and processes associated with their immigration and settlement experiences also varies.

Figure 5–1 presents an analytic model of the joint influences hypothesized to predict child outcomes. It is not an inclusive model, but rather provides a framework for the consideration of the joint influences that have an impact on child outcomes. Represented within this figure are the key concepts of resilience theory: risk and protective factors, and child outcomes. The model builds on a stress and resilience framework (Garmezy, 1985; Laosa, 1990), and has been extended to include concepts relevant to successful outcomes among immigrant and migrant children. The model attempts to identify characteristics and processes that predict a range of child outcomes that can potentially occur among immigrant children. In this

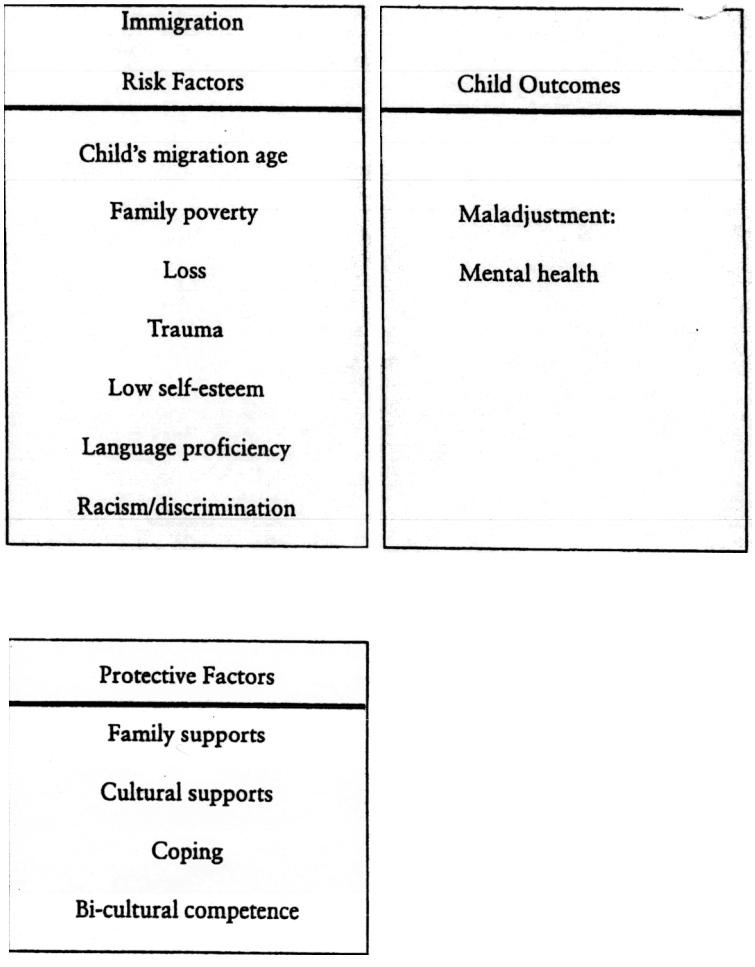

Figure 5–1: Adaptation Model of Risk and Resilience.

model, differences in environmental family stress (risk factors) are mediated by parent and child characteristics (protective factors) that shape a child outcome (adaptation level). This process is a dynamic one with opportunities for life changes to be handled in such a way that risks may or may not have a negative impact on the child's outcome. The model emphasizes the joint importance of environmental, parent, and child characteristics on child outcomes. Outcomes include not only mental health but also academic performance and social adjustment. Another characteristic of this model is its emphasis on reciprocal influences and adaptation as ongoing processes over time.

The model also emphasizes the need to conceptualize, study, and treat the behavioral and emotional problems of immigrant children with new models. Such models should stress positive adaptation (Cicchetti & Cohen, 1990; Masten & Braswell, 1991) instead of focusing on disorders, deficits, risks, and vulnerabilities (Cowen, 1988; Garmezy, 1985; Masten, Best & Garmezy, 1990; Rutter, 1990; Weissberg, Caplan & Sivo, 1989).

Few prospective longitudinal studies of children have examined the structure and course of adaptation broadly defined to encompass a range of successes among immigrant children, rather than focusing on failures. Research to date has not yet identified the mechanisms through which some immigrant children have positive outcomes and others have negative ones (García Coll, 1995; Laosa, 1990).

It is also not feasible to include in a single empirical study all the variables that are implied by the theoretical model. The intent is to systematically build a knowledge base by accumulating answers to various pieces of the model across different studies in order to further develop and adjust conceptual understanding of resilience in this population over time (Laosa, 1990).

The concept of risk implies the identification of biological, psychological, social, and environmental factors that increase the probability of negative outcomes for children (Garmezy & Masten, 1990). Protective factors are presumed to inhibit the expression of negative child outcomes. They are those attributes of persons, environment, and events that appear to ameliorate poor adaptation based upon an individual's risk status (Rutter, 1990). Far less is known about these factors than about risk factors, especially among immigrant children. A lacunae exists from a developmental perspective that considers the risks and benefits of migration and immigration and its impact on a child's adaptive outcomes (mental health, academic achievement, and social adjustment). Risk factors that should be considered include the impact of prejudice and discrimination as immigrant children grow and develop as well as the impact of acculturation on a child's adaptive outcomes. Protective factors that need further study include: child characteristics such as age at migration, problem-solving ability, perceived social competence, and coping patterns; family characteristics; and the availability and use of external support systems both by parents and by children.

Migration Risks: A Family Perspective

The mental health and development of today's Hispanic immigrant children and adolescents cannot be understood apart from their family's immigrant experience. They are part of a family. Family structure and dynamics, and parental mental health and behavior, have a direct impact on a child's well-being (Board on Children and Families, 1995; Siantz de Leon, 1990). Historically, the family has been the means for cultural transmission, providing a natural atmosphere for traditions to be passed from generation to generation in order to keep culture and traditions alive. Such traditions have provided families with a sense of stability and support that provides comfort, guidance, and a means of coping with daily life (McCubbin et al., 1993).

In order to understand how migration is a risk that can affect an immigrant child's mental health, it is first necessary to understand the importance of the family and the cultural values that provide the framework for children's socialization. Among Hispanics, these values include familism, respect, and gender roles. Such values need to be integrated into a multicultural society (Greenfield, 1994) to support families.

Familism

The family is one of the most important aspects of life among Hispanic immigrants. Familism is a cultural value that involves strong individual identification with an attachment to the nuclear and extended families, as well as strong feelings of loyalty, reciprocity, and solidarity among members of the same family (Triandis et al., 1982; Siantz de Leon, 1994). In addition to emotional support, the extended family (*la familia*) is the primary source of financial assistance, exchange of work, and advice and help in solving personal problems. Immigrant children learn that their family has familial and religious rituals that bind them together to build a strong sense of community (Cervantes & Ramirez, 1992). Hispanic immigrants especially value their families and prize their children, a tradition that has helped the family survive in spite of difficult circumstances (Zuniga, 1992). Yet little is known about these families and the effects of parental characteristics on the mental health of immigrant children. For mental health researchers, this implies a need to consider the family in planning their research. For service providers, the consequences of behavior change on the family must be considered (Marin et al., 1990).

Research on the Hispanic family has focused on traditional family structure and values often resulting in a nonvalidated stereotypic image of the Hispanic family. According to this view, the Hispanic family is a patriarchal structure characterized by the absolute authority of the father and the mother's self-sacrifice (Falicov, 1982). Children are expected to be submissive and obedient with their father and other authority figures. Descriptions of the family have been normative and moralistic, with the belief that as-

sin- on would not only change but improve family functioning (Zuniga, 1992).

The benefits of assimilation have been assumed with few studies that have examined the process of sociocultural change to the Euro-American mainstream and its benefits. The assumption that Hispanic families are static and homogeneous has caused many social scientists to consider the Mexican American and other Hispanic families resistant to change. Factors such as immigration, length of U.S. residence, generation, and women's labor force participation have been given little attention (Zambrana & Silva-Palacios, 1989).

Mexican immigrants are a highly self-selected group with many psychological and cultural characteristics that contribute toward success in the United States. These traits include: (1) completion of more years in school than the national average of that country, (2) skilled or semiskilled occupational preparation, (3) deferred gratification, and (4) risk taking. This background enables them to save money that is needed to cross the border (Buriel, 1994). Research in Mexico has found that immigrants are among the most psychologically well-adjusted members of the Mexican population (Buriel, 1994). Mexican immigrants represent that portion of the Mexican population that wants to achieve middle-class standing through hard work and perseverance.

Respect

Respeto is a cultural value that dictates deferential behavior toward others, particularly strangers (Marin & Van Oss Marin, 1991; Siantz de Leon, 1994). Behaviors that promote smooth and pleasant relationships with empathy toward the feelings of other people are emphasized. Interpersonal conflict is avoided, with positive behaviors emphasized and negative behaviors in conflicting situations deemphasized. The implication for mental health research and intervention is that families and children must be respected. Furthermore, there must be an opportunity for face-saving in the disclosure of personal information.

Gender Roles

Gender roles must also be considered (Siantz de Leon, 1990, 1994). Men have traditionally had power and authority outside the family, while women have been responsible for the daily affairs of the family. However, these sex-role traditions have changed as families have acculturated with both parents working (Levine, 1980; Marin & Van Oss Marin, 1991). Both have power and authority within their separate family roles. One implication for mental health intervention and research is that the importance of the male head of the household must be recognized, including the power he may have to facilitate or prevent an intervention, or change of behavior that may affect the family (Siantz de Leon, 1994).

Parent-Child Conflict

Immigrant parents may resist the acculturation and assimilation of their children, since the marked differences between the host country's values and those from the home country can precipitate parent-child conflict (Canino & Spurlock, 1994). When children acculturate at a faster rate than their parents, intergenerational conflicts often occur. Assertiveness, competitiveness, and independence, while highly valued in the United States, contradict the core values of many Hispanic immigrant parents. Acculturated children may become too assertive for their parents and may lose respect for their elders. Conflict can also occur between parents and their adolescent children when they have been forced to immigrate with the family and leave their friends behind (Esquivel & Keitel, 1990). Immigrant parents therefore frequently experience depression and isolation, and may turn to their oldest children for comfort and assistance, as is common among Hispanic immigrant families. Sons may be expected to work. Daughters are expected to care for younger siblings, cook, and care for the home, especially if both parents must work to support the family. While some may feel that such behaviors take away from more age-appropriate experiences, many Hispanic parents believe that such responsibilities serve to enhance their children's adulthood.

Poverty

Children of immigrant parents come from various socioeconomic backgrounds. While Hispanic immigrants are poor in general, Mexican immigrants are the poorest, with 36% living in poverty, in contrast to only 14% of native-born U.S. residents. The majority of Mexican immigrants come to the United States to improve their economic status, so they may be more open to some forms of sociocultural change in order to fulfill their economic aspiration. Such change may be expressed by adding new cultural competencies to existing ethnic competencies (biculturalism) instead of replacing them with new ones (assimilation) (Buriel, 1994).

In spite of high economic goals, at least one out of every three Hispanic children live in poverty (U.S. Bureau of Census, 1995). While Hispanic children constitute 11.6% of all children, they make up 21.5% of all children living in poverty. During the past decade Hispanic children accounted for half of the total growth of poor children in the United States, with chil-

under age three the largest proportion (Zambrana, Dorrington & Hayes-Bautista, 1996).

The number of female-headed households is increasing. About 56% of these families, as well as 26.5% of families with both parents, live below the federal poverty line (COSSMHO, 1993). Increasing poverty among Hispanics continues in spite of increasing labor force participation, time at work, and educational levels. Underemployment, which includes working below one's ability or in part-time employment without health benefits, is prevalent among Hispanic families. There are twice as many underemployed Mexican males compared to white males and 1.6 as many underemployed Mexican females compared to white females (COSSMHO, 1993).

The effects of poverty on families and children are well documented, indicated by poor housing, inadequate schooling, and poor health. Among Puerto Rican children living in poor urban areas, researchers have documented the existence of low self-esteem, depression, aggression, and academic problems (Canino, Earley & Rogler, 1980). Mexican American migrant farmworker parents are at high risk for depression (Siantz de Leon, 1990). Poverty produces hopelessness for the future, so there is a need to understand and to be empathic about realistic social constraints that a child faces, especially when parents have few resources for child rearing and nurturing socialization (Brookins, 1993). Poor immigrant children are thus unprepared for the demands of school, including kindergarten and first grade (Hamburg, 1992), and teachers are less motivated to support and encourage such students to do their best (Kozol, 1991).

Migration Risks: The Child's Perspective

Age

A child's reaction to the loss of home, family, friends, and their possessions is influenced by his or her age. A very young child regards a friend as a playmate rather than a source of emotional support (Maccoby, 1983). He or she is more likely to comply with their parents' decision to migrate and less likely to resent leaving with their parents than an adolescent child.

A recent study of the adaptation of migrant Mexican American preschool children has highlighted the importance of parental social support for very young children. Preliminary results show that these preschool children consider their parents to be their greatest source of overall support and their siblings to be their second source of support. Boys identified their mothers as their primary source of emotional, instrumental, and informational support and companionship. Girls identified their mothers as their greatest source of emotional, instrumental, and informational support. At this age, little parental conflict was identified by both girls and boys (Siantz de Leon, 1994). The majority of mothers (69%) and fathers (72.4%) were born in Mexico and had been living in the United States for 19.07 years (mothers) and 19.55 years (fathers). The language of preference was mostly Spanish.

Loss

One source of stress for immigrant children is the severance of extended family ties, loss of a substitute parent, friends, and supports during a time that they are adjusting to a new culture. These problems are even more stressful for children who have experienced political unrest in their native countries (Laosa, 1990; Pynoos & Eth, 1985). Inadequate family or community support is particularly challenging when immigrant children do not have access to the supports that they need to help them cope with their new surroundings (Athey & Ahearn, 1991; Maccoby, 1983; Munroe-Blum et al., 1989).

Loss of familiar routines along with loss of their home can also be extremely trying for an immigrant child, especially if the child does not feel protected by his or her parents (Coelho & Ahmed, 1980). Many very young immigrant children are left with one parent or a substitute caretaker while one or both parents migrate for economic reasons, promising to reunite the family as soon as circumstances permit. Having spent their early years with a substitute caretaker, these children undergo a second loss when reunited with their parent or parents and leaving behind the only caretaker they have known.

Children under ten years of age have not developed the capacity to recognize, understand, and resolve a loss. Consequently, they are not likely to make correct assumptions about the loss they have experienced. Their dependent role and inability to remove themselves from difficult situations makes them more vulnerable to developing mental health problems. Very young children, in particular, do not easily limit their feelings of helplessness or resolve their grief, especially if their family has been involved (Osterweis, Solomon & Green, 1984). Childhood bereavement has both short- and long-term consequences that may include neurosis, depression, academic and social impairment, delinquency, as well as adult mental illness (Coelho & Ahmed, 1980; Robertson & Robertson, 1989; Van Eerdewegh et al., 1982).

Trauma

Immigrant refugee children sometimes experience events that are perceived as life threatening, terrifying, and outside the range of normal life experience. Some may witness the infliction of injury, mutilation, or the murder of a family member. These events constitute a psychic trauma for the child

that can result in posttraumatic stress disorder (PTSD) (de Monchy, 1991). The manner in which a child experiences and internalizes a trauma is related to their age and developmental stage. Preschoolers are dependent on their parents, and may exhibit anxious attachment behavior (Bowlby, 1980). School-age children may radically change and become irritable, rude, and argumentative or complain of somatic problems (Pynoos & Eth, 1985). Adolescents, like adults, might engage in antisocial acts or lose impulse control. They may fear being ostracized because of the event and become pessimistic about the future (Pynoos & Eth, 1985).

The symptoms and severity of PTSD are also associated with the degree of violence, presence or absence of personal injury, and access to family support (Espino, 1991). Children who remain with their biological family are less psychologically disturbed because of the strong family bonds that develop from the crisis the entire family has shared (Ressler, Boothby & Steinbock, 1988). Researchers have found that the plight of many of these refugee children does not often significantly improve in their new host country because they continue to live in poverty with high conflict in their homes. They also experience educational delays, lower self-esteem, and depression. All converge on their ability to adapt and assimilate into their host country. Research in the mental health of refugee children who have been traumatized and who experience PTSD remains understudied, particularly among Hispanic refugee children.

Immigrant refugee children from Guatemala and El Salvador are at higher risk for experiencing traumatic events because of the political instability that these countries have more recently experienced. While refugee children from Central America are more likely to suffer from PTSD because of the traumatic events they have experienced, they are also more likely to be overlooked. This is due to the fact that these children cannot speak for themselves and the problems manifested by adult refugees are more quickly attended (Eisenbruch, 1988).

Low Self-esteem

In a society that does not value cultural differences among its citizens, the immigration experience can also negatively affect the self-esteem of children. For example, researchers have found that parent-child conflict among immigrant children not only increases, but is also associated with lower self-esteem and higher depression. This is particularly true for girls (Rumbaut, 1994). Lower self-esteem is associated with second-generation status (being U.S.-born). Recency of arrival to the United States as well as the family's economic situation are also associated with lower self-esteem. The unemployment of the father as well as his absence from the home are related to depression and decreased self-esteem. Depression and self-esteem may worsen if there is no one available to help with homework and if children are ashamed of their parents.

Language Proficiency

Self-esteem also decreases if a child is assigned to classes for limited-English-proficient (LEP) students. There are about six million Hispanic students, among fifty million students registered in K–12 in the United States (U.S. Department of Education, 1994). Close to two million of these students speak Spanish as their primary language and are not fluent in English (Fleischman & Hopsock, 1993; National Clearing House for Bilingual Education, 1995). The number of students with limited English-speaking ability has dramatically grown during the past 20 years and continues to grow. Limited English proficient is a frequent designation for most non-English-speaking immigrant children upon beginning their studies at school. Higher English proficiency and good grades are associated with a higher self-esteem among Hispanic immigrant students (Buriel, 1994).

The general view of students from Spanish-speaking backgrounds is not good. These children tend to do poorly in U.S. schools, having lower levels of achievement and higher dropout rates than their white counterparts (Valencia, 1991). Poverty and lower levels of parental education place these children at risk for educational underachievement regardless of language of instruction.

Behavior directly or indirectly related to a lack of linguistic proficiency constitute the most frequent reason for psychiatric referral of students whose primary language is not English (Canino & Spurlock, 1994; Oritiz & Maldonado-Colon, 1986). Many of the problems that teachers identify are characteristic of students who are in the process of acquiring a second language. When immigrant students are beginning to develop the linguistic abilities they need to handle the complex language their teacher uses and the instructional materials they are given, their achievement is challenged. Such children are frequently referred to special education. They become further alienated when they feel that their linguistic style is inferior to Standard English. Hakuta and Garcia (1989) have found that when a second language is added and where bilingualism is not a stigma, bilingualism is associated with higher levels of cognitive achievement. Even critics of bilingual education contend that LEP children should not be considered a burden; they should be viewed as an opportunity to develop bilingual adults (Rossell & Baker, 1996).

Racism a.. .Discrimination

Ethnic prejudice and racism have been viewed as antipathy that is based on a faulty and inflexible generalization that is directed toward a group or an individual because of their membership in that group (Allport, 1954). The group or person who becomes the object of prejudice is often in a position of disadvantage. Racism thwarts the character and spirit of the disparaged group (Brookins, 1993). The potential for experiencing the stress of prejudice and racism exists for most immigrant/minority children, especially as they move into society at large when relocating into a predominantly nonminority community (Spurlock, 1986; Canino & Spurlock, 1994). These experiences of prejudice and foreclosed options often contribute to a variety of problems and antisocial behavior, such as loss of academic potential, early engagement in sexual intercourse, childbearing, gang involvement, delinquency, and drug use (Brookins, 1993; Laosa, 1990). Immigrant children are likely to be subjected to social policies that are at times unwittingly designed to undermine their optimal growth and development (Kozol, 1991). Hispanics have experienced a long history of racism and discrimination, particularly in the Southwest (Carter, 1970; McWilliams, 1968). While the historical circumstances of Hispanics and African Americans is different, both share the common history of exclusion and isolation from the U.S. social, economic, and educational mainstream. Such experiences are relevant to their position in U.S. society at present (Goldenberg, 1996; Laosa, 1984).

Like Native Americans, Hispanic Americans "were here first," a fact that has led some to refer to these two groups as "territorial minorities" (de la Garza, Kruszewski & Arciniega, 1973). The Southwest has been filled with ethnic claims and counterclaims that include the American Indian, the Spanish European, the Mexican American, and the Anglo American present. From the standpoint of the American non-Latino population, it has been difficult to separate current attitudes toward recent Latino immigration from racist attitudes of the past toward Hispanics who were native to the United States or even whose families lived here before the American Southwest became part of the United States.

Even within the Hispanic population, responses toward new immigrants have developed new tensions. While antagonism toward immigrants has been strongest among non-Latinos, many immigrant rights groups have found that anti-immigration sentiment is not simply masked racial discrimination. Resentment over the influx of new Latino immigrants has also been strong among many second-, third-, and fourth-generation families in Latino enclaves such as East Los Angeles (Nazario, 1996). For example, almost one-third of California's Latinos supported Proposition 187, the statewide initiative that proposed to terminate all services to illegal immigrants (Navario, 1996).

The impact of discrimination on Hispanic immigrant children has been hard to measure. In one study, ethnically diverse adolescents were shown negative or threatening information about their ethnic group. It was reported that the videotaped information had an effect on the subject's overall rating of their group, but did not affect their ethnic identification (Phinney, Chavira & Tate, 1993). Subjects were able to discriminate between themselves and the ethnic group, acknowledging that the negative traits in their group did not need to reflect on its members. How immigrant children and adolescents experience discrimination, learn to cope with it, and adapt to their host culture needs further investigation (García-Coll, 1995).

Protective Factors

Family Supports

No children, including immigrant children, can be assessed apart from the families in which they are embedded. Family structure and dynamics, and parental mental health and behavior have a direct impact on a child's well-being (Board on Children and Families, 1995; Siantz, 1990). Parenting that is sensitive to a child's personality, abilities, and the developmental tasks they face encourages a variety of positive outcomes that include social competence, intellectual achievement, and emotional security (Baldwin, Cole & Baldwin, 1990; Belsky, 1984; Rutter, 1990). A family's ability to provide support to their children protects them from stress and has an important role in their child's positive development and adaptation.

The availability of social supports to both parents and children positively influences their mental health. During the first ten years following immigration, it is not uncommon for immigrants and their children to live in an extended household that includes relatives and other nonfamily members (Golding & Burnam, 1990). In time, living arrangements change because of economic, social, and cultural reasons. However, as immigrants move out of extended households, they prefer to remain in the surrounding area in order to maintain some of the social support of family and friends (Golding & Burnam, 1990). The longer immigrants live in the United States, the more their family networks grow through marriage, births, and the continued immigration of other family members. As individual family members become acculturated, their extended family grows with second- and third-generation Mexican Americans having larger and more integrated extended families than immigrants (Buriel, 1994).

Family members maintain their involvement through visits and ex-

cha... of services. The extended family assumes an idealized role among Mexican Americans. Close relationships are not limited to the nuclear family. Such relationships may include aunts, uncles, grandparents, cousins, in-laws, and even godparents, or "compadres." Those who can be relied on for support is in fact a large group. The perception of support from family is high even among immigrants with fewer family members, and it remains high as more family members are added across generations (Sabogal et al., 1987). The family can thus be viewed as an adapting entity with its own developmental processes, and this adapting entity transcends the development of individual members. Researchers have found that internal family attitudes such as cohesion, expressiveness, conflict, organization, and control do not change from one generation to the next. External family variables such as independence, achievement, intellectual orientation, and recreational orientation are modified across generations in response to extrafamilial pressures (Rueschenberg & Buriel, 1989).

Some individuals have criticized familism as a deterrent to mobility because it reinforces attachment to people, places, and things. For Mexican Americans of lower socioeconomic status, the family is often the primary source of support, a force that helps and sustains family members in achieving goals that might be difficult for an individual (Siantz de Leon, 1994). For example, among migrant farmworkers, aunts or grandmothers might help with child care while the rest of the family members pool their resources to work in the field and maximize their financial potential during the harvest season. This pool of financial resources can include school-age children who can contribute to the family income from their labor in the fields.

Among migrant farmworker mothers, access to support from spouse, partner, family, and friends is vital to their mental health and parenting (Siantz, 1990). Having access to a selection of supportive persons to whom one may turn in time of need may be better than having only one person available. With greater choice, more resources for solving problems may be available (Vega & Kolody, 1985). A mother's access to a variety of supportive persons while enduring the stress of being a migrant farmworker parent may be an important factor influencing her mental health and response to her children (Siantz, 1990b).

Satisfaction with emotional support is associated with positive mother-child communication (Weintraub & Wolf, 1983). This in turn may increase the mother's ability to give effective directions to the child, helping the child to conform to rules (Weintraub & Wolf, 1983). A child who has the opportunity to learn and master verbal and nonverbal strategies may be more likely to develop and maintain positive peer interaction (McLoyd, 1990). Without access to supportive relationships, including child care, the mother ... feel abandoned with no one to turn to in time of need, which increases her risk for depression (Siantz, 1990a).

Migrant farmworker fathers have also reported a need for social support, though they often seek it outside the home. It may be that these fathers also perceive an inconsistency between the family's expectations of their involvement and the ridicule and stigma from friends and members of their peer group for being active in family work (Siantz, 1994). Effort expended in home life may be considered energy taken from their primary role as the breadwinner and an indicator of failure as the provider and head of the family (Zuniga, 1992).

Cultural Supports

Helping Hispanic children to understand their cultural roots facilitates pride not only in themselves, but also in their ancestral group. It is a major step toward helping children develop positive bicultural identities and increase their self-esteem and developmental potential in a new host society. Understanding how ethnic identity develops is therefore important in supporting a bicultural ethnic identity.

Ethnic Identity

A child's perceptions and concepts about racial differences follow a developmental sequence similar to that of other perceptions and concepts about other factors (Bernal et al., 1990). Developmental sequencing of ethnic identity may be expected to parallel gender identity components (Aboud, 1987; Katz, 1983). The use of ethnic behaviors, like gender behaviors, may be initially determined by the child's family instead of the child and may begin early in life. While most children can classify and label their own gender by age 2.5 to 3 years, ethnic identification probably occurs later because the physical and social markers for ethnicity are less clear than those for gender. Children lack understanding of ethnic labels or the ability to classify by ethnic group prior to that time (Aboud, 1987). Understanding that one's own ethnicity is constant may be expected to develop around eight to ten years of age (Aboud & Skerry, 1983; Semaj, 1980).

Others have found that ethnic self-identification, knowledge, preferences, and use of ethnic role behaviors are associated with a child's Spanish-language utilization at home. For example, Mexican American children who speak Spanish are more likely to know about their Mexican identity and background, and to display and prefer ethnic behavior (Knight et al., 1990).

Bicultu Competence

While immigrant children in the past have been considered polarized—in two worlds—a more recent concept of biculturalism emphasizes the point that persons can effectively function in two or more cultures without negative effects. What this means is that children can live in two cultures by becoming competent in the cultural beliefs and values of both cultures, developing culturally acceptable behaviors, effective relationships, communications skills, and a sense of acceptance in both cultures (LaFromboise, Coleman & Gerton, 1993). Individuals are biculturally competent when they can navigate between two cultures that each have distinct characteristics, tasks, beliefs, and norms. It requires that a person embrace one culture while acknowledging the other's norms and developmental tasks as standards for effective functioning within the broader context of society (Brookins, 1993).

Coping

Coping has been defined as the behavior that protects an individual from internal and external stresses (Rutter, 1983). Research suggests that the manner in which a person cognitively appraises his or her life events strongly influences how he or she responds to them. Wide variation should also be expected among Hispanic immigrants' cognitive appraisal of the events surrounding their losses, dislocation, and life in a new environment. Where some will see opportunities and challenges, others will see unwanted circumstances to be resisted or passively endured (Laosa, 1990). Little is known about how immigrant families' coping responses ultimately affect their psychological and social well-being, parenting style, and their child's development.

Adaptation

Mental Health

Immigrant children and their families face conflicting social and cultural demands while trying to adapt to a new host country whose hospitality can range from inviting to hostile, unfamiliar, and even discriminatory. Both children and parents must deal with loss, separation, and family disruption in addition to the migration itself. The relationship between immigrant status and mental health is complex. The psychiatric well-being of a particular immigrant group is determined by the interaction of a host of risk and protective factors. These include the circumstances of the migration, the age of the child, and the characteristics of the resettlement (García-Coll, 1995; Laosa, 1990). In spite of growing interest in the mental health of immigrant groups, there has been little systematic research concerning the mental health, psychiatric, or social adjustment of immigrant children. Difficulties in conducting and interpreting studies of the psychiatric adjustment of immigrant children have resulted from discrepancies in the definition of immigrant status, sampling limitations, variable diagnostic approaches, and the lack of epidemiologic studies (Blum et al., 1989).

While there have been important clinical advances in the consideration of cultural and ethnic minority issues for a wide range of psychotherapies, treatment research has not kept up with these developments (Canino & Spurlock, 1994). Treatment outcome research is almost nonexistent with immigrant children and adolescents (Constantino, Malgady & Rogler, 1994). One study with Puerto Rican youth demonstrated that culturally sensitive interventions that integrate cultural context and content reduced symptoms of anxiety and increased self-esteem, social judgment, and ethnic identity (Malgady, Rogler & Constantino, 1986). In this study "cuento" therapy mimicked traditional Puerto Rican storytelling and used traditions, values, and normative behavior, as well as ethnic identity development as a therapeutic tool. It significantly reduced children's trait anxiety relative to traditional therapy or no intervention. A need exists to develop, adapt, and test mental health treatment approaches that show empirical promise with immigrant populations, especially children and adolescents (Baruth & Manning, 1992; García-Coll, 1995).

Mental Health Research Implications

Immigrant children need to be studied in their own right, without regard for the view that a control group is needed for adequate interpretation. More research is needed to determine to what extent the health and social needs of immigrant children differ on the basis of culture of origin and the conditions of the resettlement process.

As this population continues to grow, it has become clearer that most mental health professionals who serve them do not have adequate information, applicable training, or appropriate resources to address their clients' problems and needs. This gap is acute in large urban areas as well as rural areas. Especially needed are studies that focus on the prevention of mental health problems. Both risk and protective factors need to be considered, especially those factors that mediate or moderate stress, that predict a child's psychological adjustment to a new country, and that strengthen the child's mental health throughout his or her development. The focus should be not only on the negative experiences and pathological effects but also on identifying factors that contribute to positive outcomes (García-Coll, 1995; Rutter, 1990). Research on factors that influence Hispanic immigrant children's adaptation is in its infancy (Laosa, 1990).

Research Partnerships

Building research partnerships is important to successful research in the Hispanic community. The process should begin during the planning stage of the study and continue through completion. Communication with leaders who are trusted by the community is crucial to gaining entry for data collection. Identifying the benefits of participating in the research to the community at large as well as to individual participants is equally important. Early discussions can prevent problems that may arise from improper instrumentation or inclusion of sensitive topics that could bias results, cause high rates of refusal, cause dropouts from the study, or produce difficulty in accessing specific respondents (Marin & VanOss-Marin, 1991). That research may not be a priority for most of these families also needs to be recognized. Communication can occur through large meetings where key individuals learn about the project and volunteer their ideas for the project's successful implementation. Communication can also occur through community or project newletters and flyers in Spanish and/or English, or by word of mouth. Researchers can also share their expertise with the community by providing training and technical assistance as needed by local community projects. Sharing such expertise not only benefits the participants but also serves to enhance the researcher's credibility and build trust (Siantz, 1994).

Policy Implications

It is shortsighted to ignore the needs of Hispanic immigrant children, their parents, and the barriers they face in becoming constructive members of American society. Policies and interventions that will ensure their well-being, mental health, and developmental potential must build on their identified strengths. It is time for a new vision of a multicultural society, one that builds partnerships among mental health professionals, researchers, policymakers, and immigrant communities; one that helps to develop new and innovative research models, strategies, and intervention; one that helps to build programs that will not only benefit the mental health of immigrant children and families, but also expand the diverse human resource potential of the United States. Policies should empower an immigrant child's ability to construct a knowledgeable, confident self-identity and to become a competent American citizen. Culturally competent, accessible, comprehensive preschool programs, like Migrant Head Start, that now serve children of many Mexican immigrant farmworkers, need to be supported and replicated. Such programs have long understood the plight of the immigrant child and family as well as their cultural strengths. Migrant Head Start has empowered these children and their families to become successful additions to their host country and has thus begun to strengthen the diversity of American society.

Conclusion

Americans have been ambivalent about immigration since the nation's beginning. Benjamin Franklin, before he signed the Declaration of Independence, complained about immigrants. Germans, he groused, were being allowed to "swarm into our settlements and by herding together, establish their language and manners to the exclusion of ours" (Loh, 1994).

We are at a crossroads. We can either say to these newcomers, "We accept you provisionally to the extent that you can re-create yourselves into a standard American mold," or, "we welcome you as full members of our nation and accept that we as a people have a new richness and diversity." This will require new forms of public institutions to celebrate and support that diversity while at the same time unite us as a nation. On the other hand, we can leave it to chance whether or not immigrant children feel good about themselves, adapt, and develop the skills and language needed to enhance the social and economic future of the United States.

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