



Bridging Refugee Youth & Children's Services

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Understanding, Preventing, and Treating Problem Behaviors Among Refugee and Immigrant Youth

By
Dennis Hunt, PhD,
Lyn Morland, MSW,
Ralph Barocas PhD
Marilyn Huckans, MA,
Selma Caal, MA

Center for Multicultural Human Services (CMHS)
701 Broad Street, #305
Falls Church, Virginia 22046
703-533-3302
fax 703-237-2083

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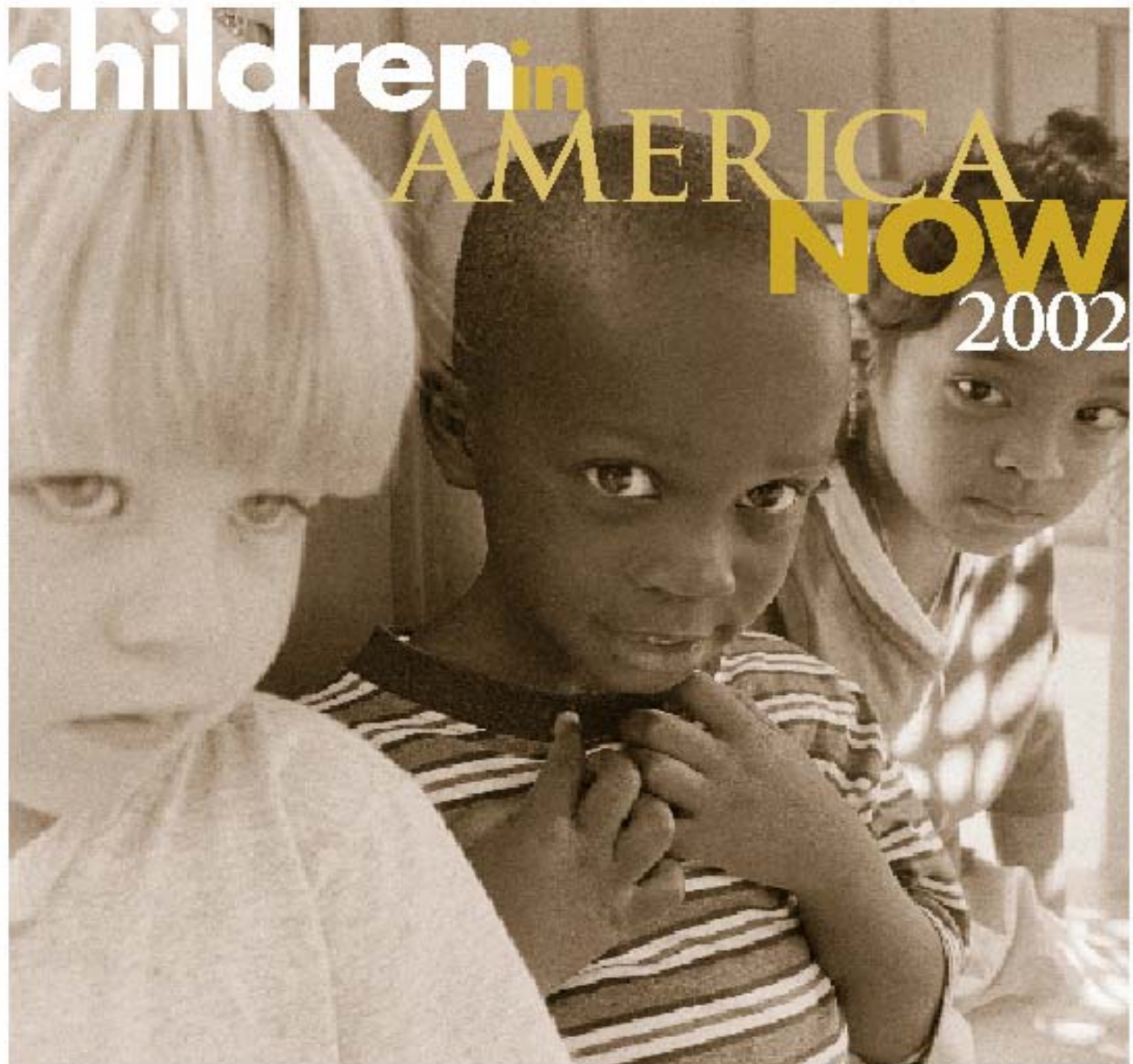
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888.572.6500

info@brycs.org

www.brycs.org





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I. Introduction

Lia Thao, a Hmong senior at Hoover High School in San Diego's central city, lives with her parents and five siblings in a small apartment near her school. As her family is very poor, she has found jobs at a local restaurant and as a classroom aide to help make ends meet. Despite those demands, she spends hours on homework each night, and with the second-highest GPA among Hoover seniors, she plans to attend the University of California as a pre-med student.¹

* * *

Like many immigrant kids, Salvadorans felt a linguistic and cultural gap between themselves and their parents. Their neighborhoods were already war zones, divided up and marked with graffiti by the street gangs who claimed their ownership. According to the neighborhoods their families settled in, many kids joined 18th Street, a Chicano gang, or la Mara Salvatrucha, a Salvadoran gang, in search of protection, respect, identity, good times, and the comfort of family. They started sporting baggy clothes. They learned about sex, drugs, and violence... They racked up arrests, criminal records, and prison time.²

These vignettes capture two possible extremes in adaptation for refugee and immigrant youth. Why do some of these children succeed despite all obstacles, while others succumb to the danger of the streets? The answer to this question is becoming more and more critical to the health and safety of these children as well as to the future of this nation.

During the decades of the 1980s and 1990s, rates of violence and other problem behaviors skyrocketed among our nation's youth, including the recent tragic outbreak of violence in the schools. Today, according to self-report statistics, 30 to 40 percent of males and 15 to 30 percent of females have committed a serious violent offense by the age of 17.³ In 1999, the U.S. Department of Health and Human Services' Center for Mental Health Services (CMHS), in collaboration with the U.S. Departments of Justice and Education, launched a major Youth Violence Prevention Initiative. As part of this initiative, Safe Schools/Healthy Students Initiative

¹ Rumbaut, R. (2001). The crucible within. In *Legacies: The story of the immigrant second generation*. New York: Russell Sage Foundation, p.211.

² Banks, G. (2000). The tattooed generation: Salvadoran children bring home American gang culture. *Dissent*. New York: The Foundation for the Study of Independent Social Ideas, Inc., Winter 2000 issue, p. 3. Retrieved in November 2001 from <http://www.dissentmagazine.org/>.

³ U.S. Department of Health and Human Services. (2001). *Youth Violence: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, p. 41-42.

(SS/HS) grants were awarded to local school districts, partnered with local mental health and law enforcement agencies, in order to promote healthy childhood development, foster resilience, and prevent youth violence.

The recently released *Youth Violence: A Report of the Surgeon General*⁴ provides an excellent assessment of our current knowledge about risk and protective factors and the most effective prevention and intervention strategies for problem behavior among the general population. Recent research demonstrates that risks are multifactorial and interact in complex ways within and between individuals, families and communities, and that a developmental approach is crucial to understanding these interactions. However, due to the complexity of these relationships, major gaps in our understanding still exist.

The vast majority of research in this area has focused on White and African American youth, with some primarily local research on Hispanics. However, our society has become increasingly ethnically diverse over the past thirty to forty years. In fact, one in five youth today are either immigrants or children of immigrants,⁵ and over 50,000 come from each of 34 different countries, with virtually every nation represented in the United States today.⁶

As a supplement to the Surgeon General's latest report on Mental Health, the newly released *Mental Health: Culture, Race, and Ethnicity*, makes a strong statement that "Culture Counts" and discusses the limitations of the current federally-established racial/ethnic groups (White, Black or African American, American Indian and Native Alaskan, Native Hawaiian and Pacific Islander, Asian, and Hispanic or Latino):

*What becomes amply clear from this report is that there are no uniform racial or ethnic groups, white or nonwhite. Rather, each is highly heterogeneous, including a diverse mix of immigrants, refugees, and multigenerational Americans, with vastly different histories, languages, spiritual practices, demographic patterns, and cultures.*⁷

Thus far, there has been very little research that includes or identifies youth by country of origin and, in particular, by immigrant or refugee status. With so many of our youth either first- or second-generation immigrants, a critical gap exists in information on problem behaviors and the ways in which mainstream theories and interventions may or may not apply to these youth. Unique experiences—including war-related trauma, acculturation, and the effects of resettlement on the first and second generation of immigrants—mean that risk and protective factors may be more complex and manifest differently among these youth. Moreover, the knowledge gained

⁴ U.S. Department of Health and Human Services. (2001). *Youth Violence: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

⁵ O'Hare, W.P. (2001, June). *The Child Population: First Data from the 2000 Census*. The Annie E. Casey Foundation and Population Reference Bureau. Retrieved in November 2001 from http://www.aecf.org/kidscount/trends_children.pdf

⁶ U.S. Immigration and Naturalization Service. (2000). *Statistical Yearbook of the Immigration and Naturalization Service, 1998*. Washington, DC: U.S. Government Printing Office.

⁷ U.S. Department of Health and Human Services. (2001). *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

through existing research tends not to be well integrated into mainstream mental health and education programs.

The purpose of this report, then, is to provide a review of available research concerning adjustment and behavioral problems, including violence, among refugee and immigrant youth in the United States. This research will be examined in light of current mainstream theories and interventions, including programs that have been successfully adapted to diverse populations. It is hoped that this information will enable public and private health, education, and social service agencies to better understand the unique needs and strengths of refugee and immigrant youth, more easily identify youth and families in need of services, and more effectively engage them in culturally appropriate prevention and treatment programs. The report concludes with recommendations for future research and programming based on this review.

II. Key Concepts

Following are definitions of key concepts as they are used in this report:

- **Youth** include children from the ages of 3-12 and adolescents from the ages of 13-18. Young adults in their 20's were included in some of the studies on youth adjustment reviewed.
- **Refugees:** Refugees are a special class of immigrants who have fled their countries of nationality and are deemed unable or unwilling to return to their countries due to persecution or a well-founded fear of persecution, and are approved for resettlement in the United States. Asylees are approved according to similar criteria, but apply for asylum after they arrive in the United States.⁸
- **Immigrants:** A *legal immigrant* is any immigrant who enters the United States as a legal permanent resident, and who is eligible to apply for citizenship after five years of continuous residence. It is usually assumed that immigrants come here *voluntarily*, while refugees are forced to leave their homeland, often with little time for preparation. Refugee migration may involve a long and arduous journey, long waits in refugee camps or other countries, extreme deprivation, and/or physical and emotional trauma, including torture.⁹ Some entering the U.S. are considered *illegal or undocumented immigrants* (those who enter the country without invitation, inspection, or application, or who enter legally as a visitor, student, or temporary

⁸ U.S. Immigration and Naturalization Service (2000). *Statistical Yearbook of the Immigration and Naturalization Service, 1998*. Washington, DC: U.S. Government Printing Office.

⁹ **Note:** Although these legal categories are clearly defined, backgrounds and experiences of immigrants and refugees are not so distinct. For example, during the 1980s many Salvadorans fled a civil war in their country. While most were determined to be refugees by the United Nations, the vast majority were considered economic migrants by the United States and consequently few were granted asylum. Therefore many found themselves illegal immigrants in the U.S., but with experiences more similar to refugees than to undocumented workers or legal immigrants (many, though not all, of these immigrants have since been granted "amnesty" and eventually allowed to apply for US citizenship). It should also be noted that one family may have members with different legal statuses, affecting sense of security, especially if one member is undocumented, as well as access to public services and benefits. Fully two-thirds of children in immigrant families either are not US citizens or have one parent who is not.

employee, and stay after visa expiration).¹⁰ In addition, some groups are awarded a **temporary status** (such as “Temporary Protected Status”) by the INS due to extraordinary and temporary conditions in designated countries that would threaten personal safety. This type of status can be terminated at any time, and it therefore provides an uncertain future to those it covers.

All immigrants are identified by generation:

- *First-generation immigrants* are foreign-born individuals who moved to the United States.
 - *Second-generation immigrants* were born in the United States to at least one foreign-born parent. Children born abroad who moved to the U.S. at a very young age are often included here (the “1.5 generation”).
 - *Third-generation immigrants* are native-born to native-born parents, and are often viewed as non-immigrants.
- **Developmental process:** All children go through physical, cognitive, and psychosocial developmental stages that determine the ways in which they understand and respond to life experiences.
 - **Culture** can be defined as that which is *learned*, rather than biologically-based, and encompasses political, economic, social, and religious structures and shared systems of meaning. It is crucial to remember that, despite the physical changes that all children undergo, our ideas about childhood and adolescence are also socially constructed. For example, family structure differs among cultures, and role expectations by age, gender, and sibling position may vary significantly among families.
 - **Acculturation** refers to the socialization process by which immigrants gradually learn and adopt selected elements of the dominant culture, and should be viewed as a continuum and a dynamic, life-long process. It is important to remember that acculturation is not simply one-way, and that the dominant culture is also changed through its interaction with immigrants; sometimes yet a third culture emerges from this interaction that characterizes an immigrant group.
 - **Problem behaviors** usually include use of illicit substances, risky sexual behavior, delinquency, and violence. In addition, self-inflicted injury, such as suicide, and general maladjustment may be included, such as poor school performance, social isolation, and aggressive behavior.
 - **Risk and protective factors** are personal or social conditions that increase or diminish, respectively, the likelihood of problem behaviors or maladjustment.
 - **Resilience** provides a focus on the strengths and capacities of young people, and can be viewed as the social supports/conditions and individual characteristics that interact to help children

¹⁰ U.S. Immigration and Naturalization Service. (2000). *Statistical Yearbook of the Immigration and Naturalization Service, 1998*. Washington, DC: U.S. Government Printing Office.

overcome adversity and proceed on a positive life course.¹¹ Although most researchers concur with this definition, there is still disagreement regarding whether competent behavior is sufficient to indicate resilience, or if “happiness” is also important.

III. Demographics

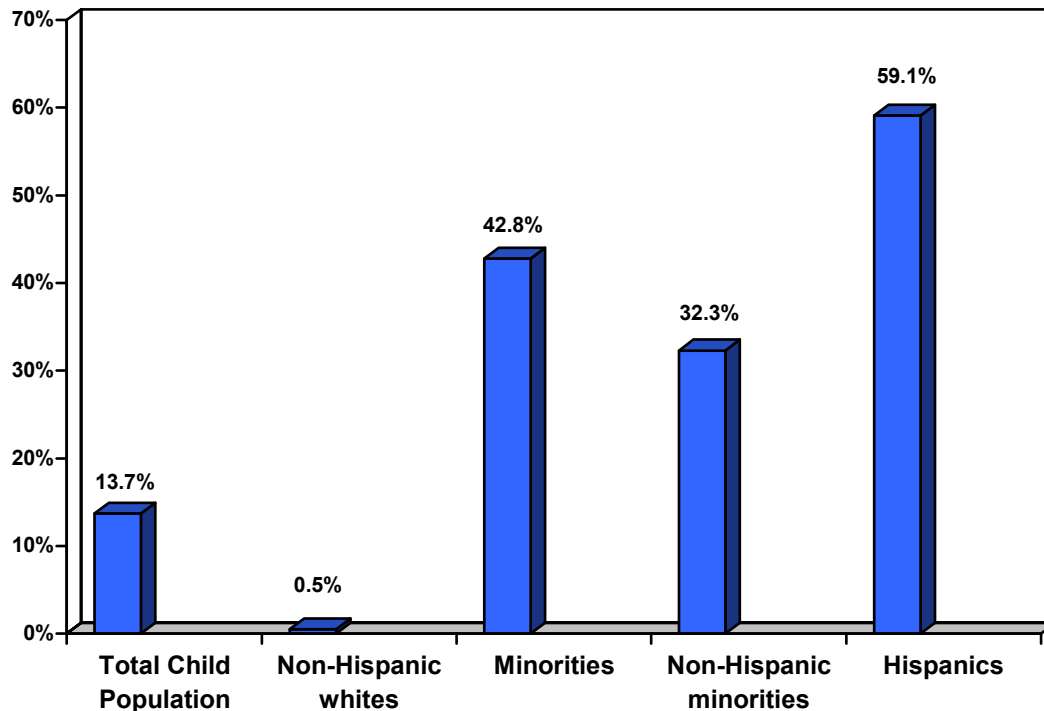
The 2000 US Census makes clear that the U.S. population has become increasingly diverse, and that this diversity is most evident among children. The average age of immigrants to the U.S. is 29, with the majority young adults of childbearing age. These immigrants may bring children with them and also have a comparatively high rate of childbirth in the US. About 20 percent of today’s children are immigrants or children of immigrants, up from 13 percent in 1990. Due to these demographic trends, the cultural diversity of this country—and especially its children—will only continue to increase.

Figure 1¹² shows the percent change in the U.S. youth population according to race and ethnic origin (although not by immigration status). See Figure 2 for the percentage of the total US population that is foreign-born according to race and ethnicity.

¹¹ Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57(3), p. 317.

¹² O’Hare, W.P. (2001, June). *The Child Population: First Data from the 2000 Census*. The Annie E. Casey Foundation and Population Reference Bureau. Retrieved in November 2001 from http://www.aecf.org/kidscount/trends_children.pdf

Figure 1. Percent Change in the Population Under 18 by Race and Hispanic Origin, 1990 to 2000



In 1998, the most recent year figures are available from the INS, approximately 737,000 new immigrants and refugees arrived in the U.S. or were granted permanent residence. Of these, a little over 600,000 entered as permanent residents (legal immigrants) and another 133,000 came as refugees, asylum seekers, or others fleeing persecution. According to the 2000 US Census, about 11 percent of the U.S. population or a total of about 30 million are foreign-born (first-generation immigrants) today. Unfortunately, the Census did not ask the country of origin of one's parents, so that second-generation immigrants could not be identified.

In historical perspective, immigrants still comprise a lower percentage of the general population today than in the early 1900s, when many immigrants arrived primarily from Europe. In actual numbers, however, there are more immigrants today, with the vast majority coming from developing nations in Asia and Latin America. For this reason, the current wave is aptly termed "the new immigration". Today, although virtually all nations are represented in the United States, the great majority of immigrants come from Mexico, China, India, the Philippines, Dominican Republic, Vietnam, Cuba, Jamaica, and El Salvador.¹³ Most refugees, on the other hand, came

¹³ U.S. Census 2000. U.S. Census Bureau: Washington DC. Retrieved in November 2001 from <http://www.census.gov/>.

from Bosnia and Herzegovina, the Former Soviet Union, Somalia, Iran, Vietnam, Sudan, Cuba, Iraq, Croatia, and Liberia last year.¹⁴

New immigrants tend to be attracted to major metropolitan areas, with the majority settling in New York City, Los Angeles, Chicago, Miami, Washington DC, and San Francisco. [20] The ethnic communities in each of these areas vary substantially in composition, however (for example, Miami is known for its Cuban community and Washington, DC for its Salvadoran one), and immigrants do settle in other places, based upon the availability of jobs, or the presence of extended family or friends. In addition, as a matter of policy, refugees are resettled in every state of the union and Puerto Rico, leaving virtually no American community untouched by immigration.

Socioeconomic status for immigrants differs enormously by country of origin. For example, first-generation immigrants from about two dozen countries from all parts of the world have equal or lower poverty rates compared to native-born non-Hispanic Whites, whose poverty rate is 11 percent. However, immigrants from twelve other countries have a poverty rate of 35 percent or higher: El Salvador, Guatemala, Nicaragua, Honduras, Mexico, Dominican Republic, Haiti, Vietnam, Laos, Thailand, Cambodia, and the former Soviet Union. Educational and occupational status differ along similar patterns. In addition, these immigrants are more likely to not speak English exclusively or very well, to live in linguistically isolated households, and to have one parent or household member who is not a U.S. citizen – all risk factors for continued poverty. It is important to note that the majority of people originally from these countries came as refugees (Southeast Asia, Russia, Eastern Europe), were escaping civil war and generalized violence (El Salvador, Guatemala, Nicaragua, Haiti), or have traditionally provided unskilled labor in the US (Mexico, Honduras, Dominican Republic). These twelve groups account for over 50 percent of all foreign-born immigrants in the United States [20].

Although the risk for poverty decreases by the second-generation for most immigrant groups, this is not the case for those from Mexico, the Dominican Republic [20], most Central American countries, and Haiti [50]. To explain differences such as these, Portes and his colleagues proposed a “segmented assimilation” thesis: immigrants will experience different adaptation processes, depending upon the socioeconomic “segment” of U.S. society in which they assimilate [48, 50, 61].¹⁵ For example, although it is assumed that children who arrive in the U.S. at a younger age will assimilate more quickly, whether or not they are successful in this society partly depends upon the context of adaptation (e.g., those adapting to a low-income inner-city context may follow a different trajectory from those who adapt to a middle class suburban one). These factors will be explored in more detail as they relate to problem behaviors in youth in Section VI, *Discussion*, of this review.

¹⁴ U.S. Committee for Refugees. (2000, December). *Refugee Reports*. Washington, DC: U.S. Committee for Refugees.

¹⁵ Also see Portes, A. & M. Zhou (1993). The new second generation: Segmented assimilation and its variants. *Annals of the American Academy of Political and Social Sciences*, 530:74-96.

IV. Overview of Research on Refugee and Immigrant Youth

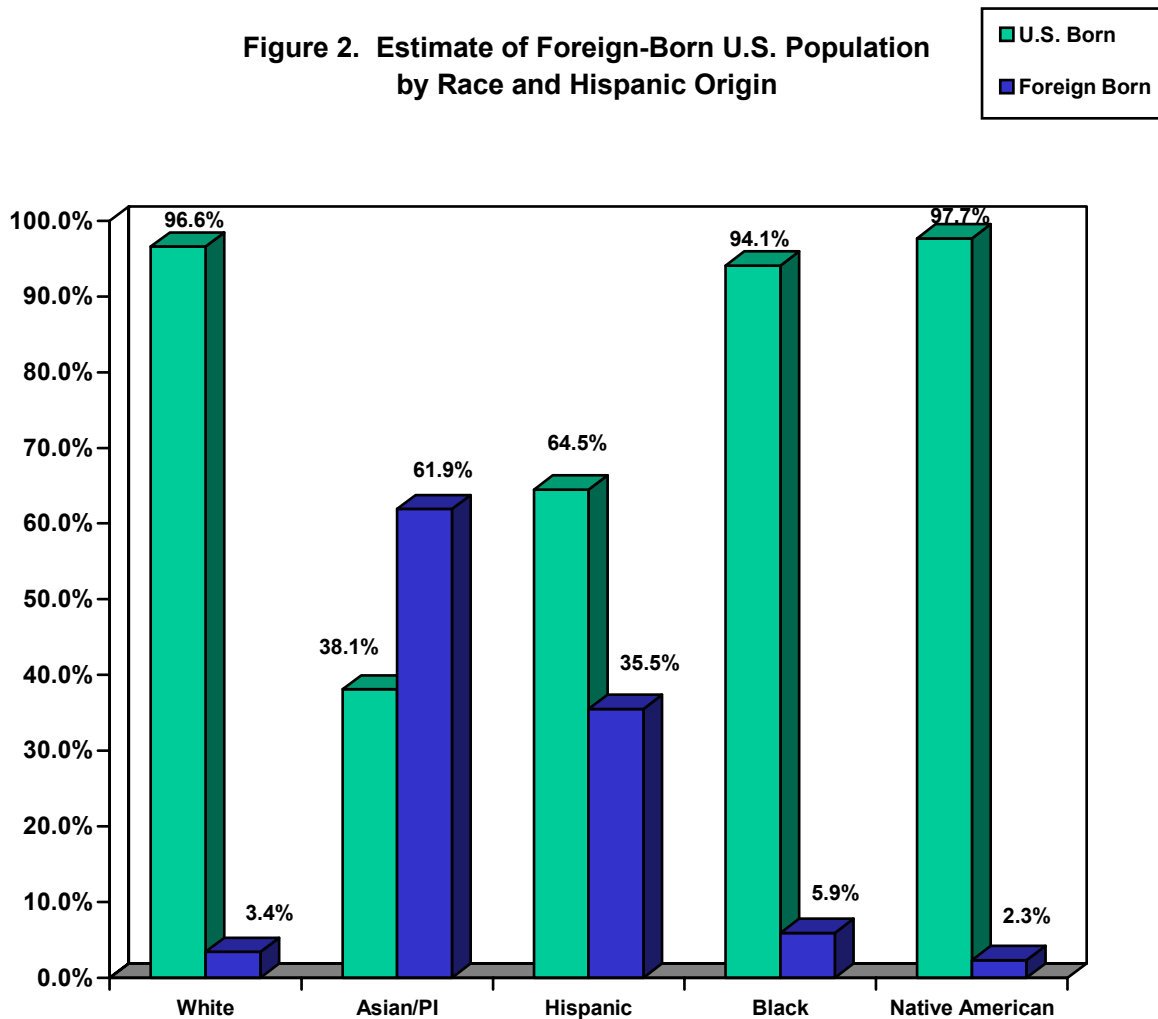
A. Challenges

The Center for Multicultural Human Services conducted an extensive literature review on adjustment and problem behaviors of refugee and immigrant youth¹⁶ (see Attachment F for the annotated bibliography). Despite very recent efforts to expand research on these populations, there remains a paucity of studies on youth problem behaviors that specifically focus on or identify youth by country of origin and/or by immigrant and refugee status. As noted earlier, the vast majority of research on youth problem behaviors and violence has focused on White and African American youth, with some primarily local research on Hispanic/Latino youth. Those studies on problem behaviors that do identify youth by ethnic or racial category tend to use the recent federal categories: White, Asian American and Pacific Islander, Hispanic, Black, and American Indian/Alaskan Native. These larger categories obscure the striking variation that exists in each of these groups. *Figure 2*,¹⁷ below, shows the percentages of each of the federally established racial/ethnic categories that are native-born and foreign-born.

¹⁶ The literature search included the databases PsycInfo, ERIC, and PubMed, using all possible combinations of the key words *refugees, immigrants, children, youth, violence, delinquency, problem behaviors, adjustment, and mental health* over the time frame 1970-2001. The resulting hundreds of articles were screened for relevance and 74 key publications chosen to abstract for this review. Other researchers, agency directors, and service providers were contacted for additional materials, both published and unpublished. In addition, refugee and mainstream programming nation-wide was investigated, and several evidence-based mainstream programs that had been adapted to refugee and immigrant groups were contacted for insights regarding these youth's special characteristics and recommendations for programming.

¹⁷ U.S. Department of Health and Human Services. (2001). *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, page 109. Data is consistent with the 1990 Census estimates base.

Figure 2. Estimate of Foreign-Born U.S. Population by Race and Hispanic Origin



It is clear from this chart that the vast majority of immigrants today come from Asia and Latin America. Note especially that more Asian Americans were foreign-born (61.9 percent) than any other groups and that about one-third of U.S. Hispanics are first generation immigrants.

The sheer diversity of the population of immigrant youth, in terms of cultural, socioeconomic, migration and generational experiences, makes it difficult to generalize about “refugee and immigrant youth”. In particular, there are differences between countries of origin, whether these youth or their families arrived as refugees or immigrants, and between first and second generations. The timing and specific area of origin of different immigration waves can make a difference with regard to long-term adjustment. For example, the Vietnamese refugees who arrived after the fall of Saigon in 1975 were mainly from the elite class, while those arriving during the 1980s were generally from rural areas (often called “boat people” since many made their dangerous exodus on small, overcrowded boats). In addition to socioeconomic status, the population of many countries can vary enormously internally according to culture, religion, language, and physical appearance. Furthermore, especially for second-generation children,

immigrant parents may not only be from different countries but one parent may be an immigrant and the other a native-born US citizen. Therefore, identifying a second-generation immigrant child as from one country or ethnic group is not always so straightforward [c.f. 60]. In addition to recognizing this diversity, however, it is also important to identify patterns of adjustment that can help us to better understand and serve these groups. The objective of the next sections is to do just that.

B. Overview of the Literature

As previously noted, there is a paucity of literature on refugee and immigrant youth and, in particular, on problem behaviors among these populations. The most current and seminal work on these youth – particularly the second generation – has been led by Alejandro Portes and Ruben Rumbaut, who recently published three volumes focused on the results of their Children of Immigrants Longitudinal Study (CILS). The CILS examined the assimilation patterns of over 5,000 children of refugees and immigrants between 1992 and 1996 in southern California and south Florida, two geographical areas of high immigrant concentration, and provides an in-depth view of adjustment and assimilation patterns for these youth. The first book, *The New Second Generation* [48], provides an overview of the sociodemographic information available through the US Census, the Census Population Surveys, and the CILS, as well as a summary of results from their initial 1992-1993 study. Their follow-up book, *Legacies: The Story of the Immigrant Second Generation* [50], looks in-depth at the results of the longitudinal research on these children. Finally, *Ethnicities: Children of Immigrants in America* [61], combines the results of the CILS with articles by 17 additional researchers in the field. Although the CILS only covered three metropolitan areas, a subset of immigrant groups, and could not cover all aspects of assimilation and adjustment, this study more than any others has expanded our understanding of the larger socioeconomic forces related to the adjustment of these children. We draw heavily from their work for our framework and conclusions here.

Another major source of information on refugee and immigrant children comes from an effort by the Committee on the Health and Adjustment of Immigrant Children and Families, resulting in the publication *Children of Immigrants: Health, Adjustment, and Public Assistance* [42]. The Committee was formed in 1996 by the National Research Council and the Institute of Medicine to assess the state of our knowledge about children in immigrant families in the United States. Upon discovering the lack of existing research, the Committee commissioned a series of new studies, most using existing census and other federal agency data, on first- and second-generation immigrant children's well-being and need for services. Among these studies, the re-analysis of the 1995 National Longitudinal Survey of Adolescent Health data provides national survey information on the physical health, emotional health, and risk behaviors of adolescents [19]. This survey included information on generational status, ethnicity/race, and country of origin (although not refugee status). This was the only large, well-designed study that measured youth problem (ie, health risk) behaviors in addition to immigrant variables.

In addition to the research in the volumes above, a number of journal articles and other publications describing different studies of refugee and immigrant youth were reviewed, selected, and annotated (See Attachment F for the annotated bibliography). These articles can be roughly

divided into three categories: (1) refugee trauma, (2) adjustment and assimilation, and (3) school performance. Prior to discussing findings, it is important to review the limitations of the research in these areas. With the exception of research in the volumes described above, most studies suffered from a number of consistent methodological problems, outlined below, limiting their interpretation and generalizability [16].

The first type of problem was *conceptual*:

- Most research on immigrants has focused on the adult immigration experience; research on children is still limited and developmental factors were not often considered in the literature we reviewed.
- Studies tended to be exploratory and were not often theoretically derived. Most followed the *stress model*, focusing on the negative effects of migration and neglecting normative processes or the potential positive effects of migration.
- Especially in studies of refugee children, research tended to concentrate on the individual, with fewer studies including the family, and very few studies taking community factors into account.

The second type of problem was *methodological*:

- Sampling:
 - Participants were often recruited due to convenience, resulting in small sample sizes and an over-reliance on clinical populations.
 - For larger surveys, obtaining adequate numbers from different ethnicities or countries of origin tended to be difficult, so that ethnicities and immigration statuses were often combined inappropriately for analysis.
- Few studies used comparison groups; among those that did, there was little agreement or consistency in their use.
- Few studies were longitudinal.
- Gender was often not considered as a variable.
- There is still a lack of agreement on the use and measurement of constructs:
 - Many different instruments were used; researchers often created new ones for their own studies, thereby limiting the ability to compare results from different studies.
 - Most measures were not normed to the population studied (e.g. an instrument may not be developmentally appropriate for children).
 - It was often not known if an instrument was valid for non-Western populations, since conception and expressions of distress and interpretation of questions can vary significantly across cultures.

And, finally, the relationship between adjustment, emotional problems, and problem behavior is not well understood for the general population. As noted earlier, there is a particular gap in research on problem behaviors for refugee and immigrant youth. Nevertheless, keeping these methodological and research limitations in mind, we can still learn a great deal from the work accomplished thus far. Moreover it is interesting that the findings of most of the research do follow certain patterns, to be reviewed in the next sections.

C. The Approach of this Review

This review takes an **ecological** approach to this topic. This perspective emphasizes the interaction between a child and his or her environment, including the family, school, peer group, community and the larger society. Bronfenbrenner compared a child's world to "a set of nested structures, each inside the next, like a set of Russian dolls,"¹⁸ and noted that, "seldom is attention paid to the person's behavior in more than one setting or to the way in which relations between settings can affect what happens within them."¹⁹ This theoretical model not only looks at the interactions among the various aspects of a child's life, but also considers the effects of developmental changes over time.

We chose this perspective for several reasons. First, the causes of maladjustment and problem behaviors are clearly complex (ie, there is not just one cause for a problem a child is having), and an ecological model can account for complexity at different levels (individual, family, peer group, school, community, society). This type of approach can more easily integrate the complexities of culture, and can be used to focus on resiliency in children in addition to the problematic aspects of migration.

In the next section, we review what is known about the prevalence of problem behaviors and the unique risk and protective factors for refugee and immigrant youth.

V. Problem Behaviors among Refugee and Immigrant Youth

A. Demographics and Prevalence

1. National Statistics on Youth Problem Behavior

The literature on problem behaviors among youth in the general population encompasses a number of areas of study:

- Youth violence and criminality, including criminal arrest and conviction statistics as well as self-report data on incidents of aggression
- Specific risk behaviors among youth (i.e. substance use, sexual promiscuity, running away)
- Conduct disorder (includes aggression to people or animals, destruction of property, deceitfulness or theft, serious violation of rules, including frequent truancy)²⁰

Within each area, studies have examined prevalence rates, developmental courses, risk and protective factors, and intervention strategies for American youth. There are a number of sources of data on youth problem behaviors. Databases that track prevalence include the CDC's Youth Risk Behavior Surveillance System (YRBSS) and the FBI's Uniform Crime Reports' (UCR) National Incident-Based Reporting System. There are a number of national surveys sponsored by

¹⁸ Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Cambridge, MA: Harvard University Press, p. 22.

¹⁹ Ibid, p. 18.

²⁰ American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. Washington, DC: American Psychiatric Association.

federal agencies (eg, the National Youth Longitudinal Survey supported by the National Bureau of Labor Statistics), and annual reports that analyze and synthesize various data sources, such as the Office of Juvenile Justice and Delinquency Prevention's Juvenile Offenders and Victims National Report.

According to the best statistics available today on youth violence, self-report data indicate that 30 to 40 percent of males and 15 to 30 percent of females have committed a serious violent offense by age 17. Young men from racial or ethnic minority groups are more likely to be arrested for violent crimes; however, self-report questionnaires reveal that the difference between minority and majority involvement in violent acts may not actually be so large. Although schools are relatively safe compared to homes and neighborhoods nationwide, racial and ethnic minority youth from senior high schools in urban districts are at increased risk for being killed at school.²¹ Prevalence of risk behaviors and conduct disorder also vary according to demographic factors, including gender, age, and racial and ethnic group.

However, national prevalence data collection systems continue to use the U.S. Census categories for race and ethnicity and do not include information on country of origin or immigration status (the UCR and some other data collection systems do not identify Hispanics, although other racial groups are included). As we have seen, these differences do matter. This lack of basic prevalence data not only leaves us uninformed, but also inhibits further research on problem behaviors in refugee and immigrant youth.

2. Prevalence of Problem Behaviors among Refugee and Immigrant Youth

The 1995 National Longitudinal Survey of Adolescent Health²² (Add Health) was the only well-designed, large-scale study identified that provided prevalence data on problem behaviors in immigrant youth. The Add Health was funded by the National Institute of Child Health and Human Development (NICHD) and 17 other federal agencies, with fieldwork conducted by the National Opinion Research Center of the University of Chicago. The sample included over 20,000 adolescents grades 7 through 12, and measures included self-report indexes on physical health, psychological distress, and risk behaviors. Risk behavior measures included risky sexual behavior and "four or more delinquent acts", "three or more acts of violence", and "use of three or more controlled substances". The analyses examined important immigrant variables -- generational status, ethnicity/race, and country of origin -- while controlling for important demographic variables such as age, gender, socioeconomic status, family context (i.e. intact, single parents, or step-families), and neighborhood context (i.e. geographic location, urban or rural). Unfortunately, refugee status was not included.

In 1999, Harris [19] conducted detailed analyses of this data according to the immigrant variables. When controlling for demographic variables, she found that first generation immigrant youth engaged in risk behaviors *less* frequently than did second or third generation and later youth.

²¹ U.S. Department of Health and Human Services. (2001). *Youth Violence: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Chapter 3.

²² For more information on The National Longitudinal Study of Adolescent Health, see the website at <http://www.cpc.unc.edu/projects/addhealth/>.

Furthermore, this result held across country of origin and ethnic background and was not related to the child's family or neighborhood context [19, p. 312]. This protective function also remained for those second-generation children of Chinese and African and Afro Caribbean origin. Interestingly, when socioeconomic variables were controlled for all third generation and beyond children (ie, non-immigrants), there was no longer any difference between ethnic minorities and White children. Harris therefore concluded that, for native-born minority children, high risk behaviors are explained by socioeconomic variables. This finding strengthens her conclusion that immigrant status can be a protective factor, regardless of context. It also implies that second and third generation immigrant children whose families were at greatest risk for continued poverty – and who are also ethnic minorities – may be at increased risk for problem behaviors

It is important to note that studies of problem behaviors in youth employ many different methodologies, including sampling methods, the ways in which problem behaviors are defined and measured and, in this case, identification of different immigrant generations and ethnic groups. The findings from the National Longitudinal Survey of Adolescent Health are intriguing, and suggest that there may be characteristics of the cultures of these new immigrants that are protective. This possibility clearly requires further examination.

Regardless of the aggregate statistics, however, there are many refugee and immigrant children who have great difficulties adjusting and plenty – according to service providers and law enforcement officials – who do engage in problem behaviors. Furthermore, it is apparent from Hernandez and Darke's analysis [20], Portes and Rumbaut's work [48, 50, 61], and many of the articles reviewed here, that there are distinct patterns at different ecological levels of analysis that enable us to identify some children as at increased risk for problem behaviors. The next section discusses these risk factors in detail.

B. Risk Factors for Maladjustment and Problem Behaviors

All children go through physical, cognitive, and psychosocial developmental stages that determine the ways in which they understand and respond to life experiences [2, 3, 4, 10, 14, 16, 54]. When reviewing the information below, it is important to keep in mind that individual and environmental (family, school, peer, community, and society) factors interact in complex ways with the developmental stage of the child to either increase or decrease the risk for maladjustment. The research in this area is in the early stages and far more is needed to improve our understanding of these complex relationships.

Following is a review of risk factors at the different ecological levels that have been identified in the literature to be related to adjustment and problem behaviors in refugee and immigrant youth.

1. Individual Domain

- **Number, severity, and chronicity of traumatic experiences:** For refugees in particular, emigration is usually unexpected and forced, and may be associated with severe physical and emotional trauma, loss, and deprivation. It is estimated that between five percent and 35 percent of refugees have experienced torture.²³ Children, especially teenagers, in these families may have experienced imprisonment and/or torture directly or may have suffered due to the experiences of their families.

As expected, more frequent, severe, and chronic experiences are associated with poor adjustment outcomes and higher levels of Post-traumatic Stress Disorder (PTSD) symptomatology [1, 2, 3, 4, 16, 17, 22, 29, 30, 31, 33, 36, 39, 40, 57, 63, 64, 65, 66, 68]. Note that several of these studies [27, 29, 31, 39, 58, 59, 60, 63, 64] found that Southeast Asian refugee children tended to internalize their distress (demonstrating higher levels of anxiety and/or depression and low self esteem) rather than externalizing it through low achievement, conduct disorders, or more serious problem behaviors.

Rumbaut [59, 61] found that a higher number of stressful life events during the previous three years (including parental separation, divorce, or job loss) was negatively related to self-esteem and emotional well-being for children of immigrants. In another study [32], trauma and exposure to war-related violence was positively related to depression, delinquency, aggression and hyperactivity among the children of Central Americans who had fled violence in their countries.

- **Undocumented or uncertain immigration status.** Youth who are undocumented are less likely to access health and social services needed [19]. An undocumented status affects access to employment for adolescents and young people, ensuring it is either low-level and insecure or completely unavailable, and restricts access to higher education. According to Ready [53] and others, the resulting marginalization from opportunities in the American mainstream may put youth at more risk for engaging in illegal activities.
- **Older age upon arrival in the U.S.:** Studies have generally found that the younger the immigrant, the more likely he or she is to succeed [21, 62]. Rumbaut [58] found that children who arrived in this country at age 12 and younger performed better in school than did those who arrived during adolescence. However, the optimum age for becoming competent in two languages is about 10 years old; younger children tend to lose their mother tongue and older children have more difficulty learning English. Being completely bilingual can benefit children cognitively and enhance communication with parents and within the family [15, 17].
- **Compatibility** of the new and original culture in terms of values and practices relates to increased adjustment by individuals [50]. The birth country's values and practices may also affect how distress is defined and displayed by immigrant/refugee youth [71].

²³ Northwood, A.K. & Nielsen, L.L. (1998). The rehabilitation of child survivors of human rights violations. *The Journal of Intergroup Relations*, 23(4):47-53.

- **Language conflicts** were significantly and positively related to problem behaviors as measured by the Child Behavior Checklist among first-generation children of Hispanic immigrants [73].
- **Identity development** can be especially challenging and complex for refugee and immigrant youth and can be an area of conflict for adolescents, as well as indicative of certain risk factors. Immigrant youth must negotiate a new identity, often including an ethnic identity defined by this culture (eg, a Salvadoran and a Cuban both become “Hispanic” despite the gulf between them; likewise an Indian and Lao become “Asian”). They must decide where they “belong”, such as when a child’s family is from Haiti, is he or she African American, Haitian American, or Haitian? The choice one makes has many implications, including the degree of conflict in a youth’s relationship with parents, as well as the way the youth is viewed by peers and by the larger community. If the adolescent takes a “reactive” identity as Haitian, not feeling part of the new country, he takes a different path than if he learns to become competent in both cultures [59]. According to most research, **biculturalism** is the best solution since it enables competence in this culture while maintaining the support and guidance provided by one’s family – both essential for success [16, 50, 61]. **Bilingualism** is related to biculturalism and is also associated with lower rates of depression, higher self-esteem, and achievement in school [50, 58, 59, 60, 61]. However, some children of immigrants do not maintain their mother language, but do retain the cultural values of high achievement and respect for parents, another manifestation of biculturalism [50, 61].
- **Gender** is an important variable. Males are much more likely than females to engage in problem behaviors. Other differences by gender include a generally higher level of social anxiety and depression among females, especially adolescents [31]. Hispanic adolescents have the highest rates of depression of any group in the U.S. and are most likely to attempt suicide.²⁴ Females also tend to demonstrate higher achievement in school, although this tendency diminishes in adolescence [49, 59]. These trends mirror those of the general U.S. population.

2. **Family Domain**

Immigrant families arrive with or without certain resources (economic, education, social contacts, legal status) which immediately puts them at an advantage or disadvantage in this country. Not surprisingly, the fewer resources they have, the more difficult the adjustment. A primary factor in successful adjustment and avoidance of problem behaviors for children of immigrants is **family cohesion**. Immigration can disrupt family routines and relationships, and affect cohesion, in the following ways:

²⁴ Centers for Disease Control and Prevention (2000, June 9). CDC Surveillance Summaries: Youth Risk Behavior Surveillance: United States, 1999. *Morbidity and Mortality Weekly Report*, 49(SS05):1-96.

- **Increased role strain.** For example, tension and divisions can grow between parents as they adjust to new roles or for adolescents when they do not fulfill the traditional roles of respect and obedience.²⁵
- **Family separations.** As noted, family members may immigrate at different times for logistical reasons or parents and other family members may be killed in war. These losses and separations have a profound impact on children. Families often leave behind extended family members who were relied on for both instrumental and emotional support [31, 62]. In addition, some may be separated and then reunited several years later, engendering another set of challenges [4, 53].
- A study of Vietnamese unaccompanied refugee adolescents living in foster care identified **unaccompanied minor status** (ie, separation from family) and **multiple caretakers** prior to and during the migration process as risk factors for problem behaviors that ranged from uncooperative and aggressive behavior to theft and running away. Those placed with families of like ethnicity tended to adjust better [24].
- **Intergenerational conflict.** Children tend to adopt the new culture's values more readily than their parents, and these conflicts are related to poorer adjustment for families [7, 67, 72].
- Such conflicts seem to increase when the **child serves as translator** for the family, probably because the child must deal with the strain of being depended on by the family, a reversal of the child's typical role as dependent [22].
- Other immigrant families struggle with **decreased parental availability** if, for example, both parents are working long hours to support the family [22].
- **Mother's low level of acculturation** to the U.S. was associated with inconsistent parenting, which was positively related both to child conduct disorder and to child depression in first- and later-generation children of Mexican immigrants [13].
- On the other hand, behavioral and disciplinary problems increased among Indo-Canadian children of immigrants when their **parents embraced mainstream Canadian culture** while demonstrating little interest in maintaining their own South Asian Indian ethnic identity [5].

3. School Domain

Children and adolescents spend more time in school than anywhere else outside of their home. In fact, the public school system has served as the primary agent of acculturation for new immigrants since it was first created. Studies reviewed indicated that characteristics of schools are heavily influenced by location and by the socioeconomic status of most of students attending, and these characteristics are related to outcomes for children. For the most part, those schools located in low-income neighborhoods, especially in the inner city, were associated with lower quality teaching; a higher degree of unsafe and disruptive conditions; more gangs and frequent fights

²⁵ Padilla, A.M., Cervantes, R.C., Maldonado, M., & Garcia, R.E. (1988). Coping responses to psychosocial stressors among Mexican American immigrants. *Journal of Community Psychology, 16*, 418-427.

between ethnic-racial groups; the presence of drugs; and a higher rate of drop-outs. In this sense, then, the risk factors for both immigrant students and students with native U.S. parents are the same [49, 50, 61].

However, risk factors unique to immigrant and refugee children were also identified:

- Prior level and quality of schooling can affect immigrant and refugee children's degree of preparation and success here. A study of Vietnamese unaccompanied refugee adolescents living in foster care identified *inadequate education prior to arrival* in this country as the most important risk factor for problem behaviors that ranged from uncooperative and aggressive behavior to theft and running away [24]. In addition, children in immigrant families often cannot rely on parents for assistance with homework, if the parents were not educated in English or the Western system [59].
- 1) *Length of acculturation* (ie, time in the U.S.) is positively associated with higher reading scores in English. However, acculturation tended to have a negative effect on the number of hours devoted to study, resulting in lower Grade Point Averages (GPAs) over time [27, 60, 61].
 - 2) Success in school varied significantly according to *country of origin* and *immigrant/refugee wave*. For example, in the CILS study [50, 58, 60, 61]:
 - Vietnamese, Cambodian, and Lao refugee children tended to be of low SES, but had a higher rate of achievement than most other students. This trend was attributed to a strong family and ethnic community that stressed and supported achievement.
 - Filipino, Chinese, and Korean immigrants tended to be of high SES and also had a high rate of achievement.
 - All groups of Southeast Asian refugees and immigrants, regardless of success at school, tended to have low self-esteem and higher rates of depression. This finding is the opposite of most native-born children, where school success and self-esteem are positively related [27, 58]. Most researchers believe this rather consistent finding is due to the high value placed on education in many Asian cultures and the resulting pressure placed on children to achieve [50, 61]. Others place more emphasis on the sense of alienation from peers due to differences in culture, language, and lower socioeconomic status [28, 33].
 - Children of Cubans from the first refugee waves (primarily the elite) were more likely to attend private schools and had a very low risk of problem behaviors. However, children from later waves of Cuban refugees (especially the "Mariel boatlift") were not as favorably received in the Cuban community, were most likely to attend public school, and were more vulnerable to low achievement and dropping out of high school [15].
 - Children of Haitian and Mexican immigrants tended to perform poorly at school, even after SES, hours spent on homework, and length of residence were controlled [49].
- In a study of the school adjustment of South Asian immigrant children, *parental involvement* was a factor in successful adjustment. Barriers to parents' participation at their children's schools included *language* as well as *conflicting work schedules*.²⁶ Immigrant parents may

²⁶ Bhattacharya, G. (2000)

not understand the U.S. educational system, or may feel ashamed to participate due to their own lack of education. [58, 59, 60]

- ***Schools are not often prepared or geared to serve immigrants.*** A conscious effort to appreciate and support different cultural traditions, backgrounds, and languages can make schools more comfortable for students and more accessible to their parents [53, 14]. In addition, the ability to serve as a “bridge” to the larger society can facilitate the integration of groups that would otherwise be at a distinct disadvantage [cf 53].

The following case example illustrates the way in which a high school addressed the specific needs of a refugee and immigrant population with compelling results.

Case example: The Multicultural Career Intern Program [53]

The Multicultural Career Intern Program (MCIP) was a high school founded in 1980 in an inner city Hispanic neighborhood in Washington, DC. MCIP was specifically geared to the needs of newcomers, especially the Spanish-speaking who were arriving in growing numbers, fleeing the violence and disintegrating economic conditions in Central America. From 1982 to 1988, Ready conducted a longitudinal study of 181 MCIP students, the majority from El Salvador.

Ready found that these youth faced formidable challenges: many were separated from their families; were undocumented upon arrival; had few economic resources; knew little English; nearly all worked part- or full-time throughout their school years in order to make ends meet; and they remained in poverty throughout most of their adolescence. Although these youth clearly qualified as “at-risk”, two-thirds of them finished high school and nearly half had continued on in vocational training, obtained an associates degree, or were enrolled in college. In the end, it seemed the majority would escape “persistent poverty”. Ready found that MCIP played a major role in the ability of these youth to work towards their education and career goals.

MCIP served as a “mediating structure” due to its:

- ***Multicultural curriculum:*** The school built a multicultural community that communicated respect for students’ traditions.
- ***Counseling and social support:*** The school provided an atmosphere of support for students’ academic and non-academic needs.
- ***Career development program:*** MCIP provided “career internships” with local businesses and professionals for experiential learning and training. The majority of those students who participated in the career program continued their education in the field of their internship (for example, the medical or dental fields) or continued working in that area (for example, in office management or as bilingual secretaries).

As Ready points out, however, a school can only provide a bridge to what is actually available in a society. Washington DC’s booming economy at the time provided ample work for these youth, particularly in restaurants and construction. However, a lack of legal status often resulted in exploitation at work and restricted some youth’s ability to continue their education past high school. These were the ones most vulnerable to the attraction of the alternative economy of the streets, to poverty, and to marginalization. At the follow-up interview, several told of their

struggle with drugs and alcohol, and how they now had more realistic goals for themselves; continuing their high school education with little financial support or hope for the future was simply too difficult. Furthermore, the women who had become pregnant during their teens were far less likely to finish high school, and several had become single mothers.

It is important to recognize these youths' vulnerabilities (for example, one-third had dropped out of high school by the time of the follow-up interview) as well as their strengths. It is quite remarkable that the majority of these youth did seem to have escaped poverty at the end of six years and were working towards their vision of the "American dream". To explain their relative success, Ready draws on Ogbu's theory that immigrants respond differently to the same social situations than do minorities who have grown up in a caste-like social structure, because their frame of reference remains the difficult conditions of their country of origin.²⁷ Ready states that:

By Washington standards, many of the young Latinos in this study worked extraordinarily hard for very low pay. They tolerated conditions that few other Washingtonians would be likely to accept, yet few abandoned hope of eventual reward. Most acquired the knowledge and job skills they needed to get ahead while maintaining their faith that somehow their immigration status would eventually be normalized. This tenacity and optimism displayed by immigrant youths—especially those who remained undocumented over a period of several years – is perhaps the most remarkable aspect of their adaptation. [53, p.238]

At the end of the six year study, Ready concluded that family, friends, and ethnic community had played a crucial role in providing emotional and instrumental support to these youth over the years. However, their school, MCIP, not only provided an important source of support, but became a critical bridge to the larger community, making it possible for the majority to move ahead and escape poverty and the lure of the streets.

4. Peer Domain

As a part of normal physical and social development, the peer group becomes increasingly important during childhood until it is central to the adolescent's life. This is even more the case in the United States, as youth follow the cultural values of individualism and independence. During adolescence, children begin to develop a separate identity and to challenge their parents' authority. Since most immigrants today come from more hierarchical cultures, where respect and obedience are considered more important [50, 55, 61], this process can cause severe conflict for these families.

The degree of conflict between youth and parents was positively related to problem behaviors in several studies [28, 50, 55, 61]. For example, according to Robbins and Szapocznik, the extent to which a youth's peers and parents know one another and the extent to which they support each other or are in conflict is critical. When they support one another, the "...parents may know the peers, organize supervised peer activities, and know the parents of their child's peers. Parents may participate in community organizations that provide organized, supervised peer activities." [55, p.11]

²⁷ Ogbu, J. (1978). *Minority education and caste*. New York: Academic Press.

However, when these networks are less dense and parents and peers either do not know one another or are in conflict, then the youth is at increased risk.

Research in this area on refugee and immigrant youth was quite limited and generally followed the same factors that are risks for the general population. In those few studies that did address this issue [26, 50, 53, 59, 61], peer group characteristics were related to school conditions in the following ways:

- Youth with *close friends who planned to continue their education past high school* were more likely to attend schools that were relatively safe and had higher quality teaching [50, 59, 61]. According to one study, these youth were less likely to engage in problem behaviors [59].
- Youth with *close friends who had dropped out of school* attended schools perceived as unsafe with more interethnic fighting. These youth were at higher risk for problem behaviors. [50, 59, 61]

As with school conditions, these research findings demonstrate similar risk factors for refugee and immigrant youth as have been identified for the non-immigrant adolescent population. Socioeconomic factors determine where these youth live, the type of school they attend, and the peers they are most likely to come into contact with. However, not all youth – and not all refugee and immigrant youth – engage in problem behaviors despite frequent exposure to such behaviors in their peers. Several studies addressed the issue of why youth engage in problem behaviors, although none as directly as the studies of youth gangs.

Youth Gangs

Although gangs involve a relatively small proportion of the adolescent population, they are responsible for most serious youth violence.²⁸ Although statistics on gangs are still limited, according to the 1998 National Youth Gang Survey,²⁹ well over 4,000 U.S. cities and counties experienced gang activity. The survey estimated almost 30,000 gangs and over three quarters of a million gang members active in the United States; 40 percent of these were juveniles (under 18) and 92 percent were male. By ethnicity, 46 percent of all gang members were Hispanic, 34 percent were African American, 12 percent were Caucasian, and 6 percent were Asian. From 1996 to 1998, the proportion of Hispanic and Asian gang members increased slightly. The majority of gangs are based in large metropolitan areas such as Los Angeles and Chicago, but their presence is felt in many smaller metropolitan areas throughout the United States today.

Studies of youth gangs cover a broad range of cross-sectional, longitudinal and ethnographic research. Many risk factors for joining gangs have been identified, but their relationship to

²⁸ U.S. Department of Health and Human Services. (2001). *Youth Violence: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

²⁹ National Youth Gang Center. (1998). *1998 Youth Gang Survey*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved in November 2001 from <http://www.ncjrs.org/pdffiles1/ojjdp/183109.pdf>.

individual and environmental characteristics have not yet been refined. Far more studies of black and white gang membership have been conducted, with some local studies of Hispanic gangs and comparatively few studies of Asian gangs. Spergel provides an excellent overview of the youth gang literature, as well as providing some information on specific ethnic gangs.³⁰ The majority of studies of Hispanic gangs have been ethnographic case studies. Joan Moore³¹ and Vigil Diego³² in particular have documented Latino gangs and have stressed both socioeconomic explanations and cultural explanations for why these youth join gangs. One cultural explanation that is common in the literature is that youth look for a sense of belonging and identity in gangs when they feel disconnected from their parents' culture as well as from the U.S. mainstream. Although there have been far fewer studies of refugee youth gangs from Southeast Asia or Central America, one study of Vietnamese gangs in southern California investigated why gangs may appeal to some youth.

Case Example: Vietnamese Youth Gangs in Westminster, California

One of the few quantitative, comparative studies of Vietnamese refugee youth who do or do not belong to gangs was conducted by the city of Westminster, California.³³ According to local law enforcement statistics, Asian youth were responsible for more juvenile delinquency in Westminster than any other ethnic group (39 percent compared to 29 percent Hispanic and 28 percent White). Moreover, Asian youth gangs were responsible for 48 percent of Asian delinquency. Southeast Asians made up most (92 percent) of the Asian category, and the majority of these (87 percent) were Vietnamese. The city decided to carry out a study to develop a better understanding of the extent of youth involvement in gangs and delinquency, and why Vietnamese youth became involved in gangs.

Using focus groups, the researchers developed a number of cultural and non-cultural hypotheses concerning why Vietnamese youth joined gangs. A total of 466 interviews were conducted with gang-involved and nongang-involved Vietnamese refugee teenagers and with one of their parents. The findings provided more support for the non-cultural hypotheses. The two factors that best explained gang involvement were (1) that the youth held a **pro-gang attitude**, and (2) that there were **gangs in the neighborhood**.

A pro-gang attitude was most strongly related to a:

1. Negative school attitude
2. High level of family conflict
3. Sense of anomie
4. Perception of more benefits to belonging to a gang

³⁰ Spergel, I. (1990). *Youth Gangs: Problem and Response: A Review of the Literature. Assessment Part I*. National Youth Gang Suppression and Intervention Project with the Office of Juvenile Justice and Delinquency Planning, U. S. Dept. of Justice, University of Chicago.

Spergel, I. (1995). *The Youth Gang Problem: A Community Approach*. New York: Oxford University Press.

³¹ Moore, J. (1991). *Going Down to the Barrio: Homeboys and Homegirls in Change*. Philadelphia: Temple University Press.

³² Vigil, J. D. (1988). *Barrio Gangs: Street Life and Identity in Southern California*. Austin, TX: University of Texas Press.

³³ Kent, D.R. & Felkenes, G.T. (1998). Cultural Explanations for Vietnamese Youth Involvement in Street Gangs. Westminster, CA: Westminster Police Department, Office of Research and Planning. Retrieved in November 2001 from <http://www.ncjrs.org/pdffiles1/ojdp/180955.pdf>.

The most popular cultural explanation—that youth tend to join gangs when they do not strongly identify with their parents' culture or with the American culture, and thus are marginalized—was not supported by this study.

To reduce the risk of Vietnamese youth joining gangs, the authors recommended that:

1. Jurisdictions should recognize the impact that youth gangs in the neighborhood have on other youth living there, and provide more research-based interventions.
2. Youth should be taught social skills to increase their ability to resist gangs.
3. Youth should be taught skills that will increase their confidence in their ability to remain safe in their neighborhoods without joining gangs.
4. Youth should be provided more knowledge and skills to cope with family conflict.
5. The media and service agencies should work to reduce pro-gang attitudes and increase pro-school attitudes.
6. Services should focus on decreasing feelings of alienation among these youth by linking them with culturally-appropriate prosocial activities.

Although the results of this study cannot be generalized beyond the Vietnamese youth gangs in Westminster, this study provides support for risk factors for problem behaviors discussed in this report, especially the existence of **gangs in the neighborhood, low school engagement, and family conflict**.

5. Community Domain

The **community** into which an immigrant family resettles strongly influences the risk for problem behaviors in their children. Families and their children are at increased risk when their communities:

- Are impoverished and/or dangerous [49, 50, 61], and have youth gangs [28]
- Are racially/ethnically different [49, 50, 61]
- Include fewer friends and family members. [49, 50, 61]
- Provide fewer community gathering places, including religious organizations, and community centers.
- Do not provide adequate access to needed services.

As several studies found, if the neighborhood is impoverished and dangerous, it provides fewer positive opportunities for children and exposes them to anti-social lifestyles, including drug use and gangs. When parents must work long hours and social networks are less dense, then children are on their own much of the time.[23, 24] According to Portes and Rumbaut [50, 61], this is a critically important factor, since parents need a strong social network to reinforce their cultural values and goals of success for their children. If children acculturate within a low-income, ethnically different neighborhood, it may increase the cultural gap between them and their parents, so that parents are less able to influence and protect their children [55]. Furthermore, schools in these neighborhoods tend to be of lower quality, at greater risk for gang activity, and peers

attending them less likely to be positively engaged in school. [59, 60, 61] The end result is continued exposure to influences more likely to lead to problem behaviors, decreased authority by the family, and fewer opportunities to engage positively with the new culture. Interventions that may mitigate this pathway may be lacking, as well, as local health and social services are often not geared towards cultural/linguistic minorities.

For example, many Salvadoran immigrants with a farming background and undocumented status arrived in East Los Angeles during the 1980s, fleeing the civil war in El Salvador. These families were in a very insecure position. Their children attended poor quality inner-city schools, and found themselves in neighborhoods with high drug and gang activity. Some Salvadoran youth joined gangs at this time – either existing Chicano gangs or La Mara Salvatrucha, a Salvadoran gang that has become quite notorious for violence and has spread to other metropolitan areas.³⁴ At the other extreme, Cubans settling in Miami as legal refugees arrive to a thriving entrepreneurial community that supports pride in ethnic identity and a reasonable level of success in school and business. Even though these refugees may have fled repression and arrived with little, they are often able to succeed due to the support of the community [50, 61].

It is important to note, however, the many variables that influence the path that a child takes in adapting to a new culture. The community can increase the chance for success or make it more likely that the child will become involved with antisocial peers, not succeed at school, and end up in continued poverty. However, there are Salvadoran youth who successfully maneuver through the distractions of tough neighborhoods and racial, economic, and political barriers to find the “American dream” [53, 50, 61]. Likewise, although the Cuban American health and behavioral profile is closer to that of White Americans than any other Hispanic group, these families do not always escape the inner city unscathed. In particular, those Cuban youth who attend private school tend to have far better outcomes than those attending public school [15, 48, 50, 61].

6. Societal Domain

The **society** determines the context in which immigrants must adjust and survive.

- **Government policies** affect immigrant access to jobs, education, benefits, and health care, in turn affecting assimilation and health [51]. Two-thirds of immigrant children live in households where at least one parent or other family member is not a U.S. citizen; this can determine access to needed services that affect the family as a whole [20].
- 1. **Racial and ethnic prejudice** comprise societal barriers that heavily influence the ability of individuals to use their skills in order to succeed in this country. Perceived discrimination was strongly associated with depression, although not with self-esteem, in the CILS [50, 58, 60, 61]. Higher socioeconomic status and living in strong ethnic enclaves can help mediate the impact of prejudice [50, 61].
- 2. **Societal attitudes** towards immigrants may stereotype them as unwanted intruders, a threat to domestic jobs, or a strain on the system. This type of perceived discrimination has a strong and negative effect on immigrant health and adjustment [51].

³⁴ White, J. (2000). Attacks raise fears of rise of Va. gangs; Arlington, Fairfax worried. *The Washington Post*, November 20, 2000, p. B-01.

3. **Intolerance for diversity** may lead immigrants to experience more or less pressure to adopt the new cultures' practices quickly, which may be difficult for some immigrants to do. In addition, an early "abandonment" of culture can decrease social support and coping resources for families [45, 50, 55, 61].
4. **Perceived discrimination and perceptions of a closed society** were positively related to incidence of problem behaviors among second-generation children of Hispanic immigrants [73].

7. Multiple-Risk, Immigration and Adjustment

Transitions in all periods of life, and particularly during the developmental period when life-skills are formed, are stressful events that require accommodation for successful adjustment. Seeking refuge or immigrating entails change that is discontinuous with features of the previous life and as such may increase the risk for impaired functioning. Yet, not all immigrant children become depressed, or involved in gang activity, or become substance abusers, or leave school early. Immigrant status alone is not sufficient to create maladjustment. The impact on adjustment of refugee or immigrant status upon adjustment can be best understood by the simultaneous consideration of risk at the individual, group/family, and community levels. Concurrent examination of these factors places the individual child in a sociocultural context of development and also identifies multiple points of potential intervention that are necessary for comprehensive services. Just as immigration status is not sufficient to produce maladjustment, neither is intervention at a single level of functioning adequate for healthy outcomes.

Multiple risk indexes and their relation to protective factors have consistently been shown to be valuable for the understanding of the relationship between psychosocial adjustment and developmental context.³⁵ No single social context risk factor, no matter how powerful, necessarily exerts a lasting and uniform negative impact on all exposed individuals,³⁶ nor does the use of a

³⁵ Barocas, Ralph; Seifer, Ronald. (2001). Child sexual abuse: Still a major risk. *The Brown University Child and Adolescent Behavior Letter*, 17(1), 1-4.

Barocas, R., Seifer, R., Sameroff, A.J., Andrews, T.A., Croft, R.T., & Ostrow, E. (1991). Social and interpersonal determinants of developmental risk. *Developmental Psychology*, 27(3), 479-488.

Rutter, M. (1979). Maternal deprivation 1972-1978: New findings, new concepts, new approaches. *Child Development* 50, 283-305.

Sameroff, A. J., Seifer, R., Barocas, R., Zax, M., & Greenspan, S. (1987). Intelligence quotient scores of 4-year-old children: Social-environmental risk factors. *Pediatrics*, 79, 343-350.

Sameroff, A. J., Seifer, R., Baldwin, A. & Baldwin, C. (1993). Stability of intelligence from preschool to adolescence: The influence of social and family risk factors. *Child Development*, 64, 80-97.

Seifer, R., Sameroff, A. J., Dickstein, S., Keitner, G., Miller, I., Rasmussen, S. & Hayden, L. C., (1996). Parental Psychopathology, Multiple Contextual Risks, and One-Year Outcomes in Children. *Journal of Clinical Child Psychology*, 25, 423-435.

Kendler, K.S., Thornton, L.M., and Gardner, C.O. (2001). Genetic risk, number of previous genetic episodes, and stressful life events in predicting onset of major depression. *American Journal of Psychiatry* 158, 582-586.

³⁶ Garmezy, N. (1986). Children under severe stress: Critique and commentary. *Journal of the Academy of Child Psychiatry*, 25, 384-392.

Garmezy, N. (1987) Resiliency and vulnerability to adverse developmental outcomes associated with poverty, *American Behavioural Scientist*, 34(4),416-430.

single risk factor have the predictive utility of multiple-risk indices. The best prediction is achieved when multiple risks are aggregated, frequently by summing the total number of risk factors that describe a child's situation. Specific risks may be less important than the total number, or stated otherwise, the greater the burden of risk, the greater the probability of maladjustment.³⁷ Nevertheless, risk does not appear to operate in an independent manner because they rarely occur in isolation. For example, Anda et al.³⁸ employed a multiple risk model in a study of over 9,000 adult and adolescent smokers. For children exposed to a single risk factor, the median probability of occurrence for a second was 85.5 percent; exposure to two categories of risk yielded a median probability of 70.5 percent for a third. The argument for the use of multiple risk models does not claim that any single risk factor is unimportant; instead, it means that each risk factor must be understood in the context of risk burden as it applies to the individual child.

The conceptions of risk at various levels of functioning, and of risk burden cannot be considered apart from notions of protective factors. If the presence of risk is associated with adverse adjustment outcomes, then the goal is to remove it from the child's situation. Yet, removal of risk is not the whole story. Protection also implies additives to the child's context of development that increase the likelihood of psychosocial adjustment. So, it is not only the "reduction of harmful influences", that Caplan³⁹ spoke of, but also the provision of supplies necessary for healthy development, whether it be adequate prenatal care, school programs that support transitions to the new community, or legally mandated practices that protect children from exploitation.

C. Protective Factors and Resilience

The general literature on childhood adjustment has recently focused on protective factors, resilience, and conditions that appear to decrease risk,⁴⁰ but there has been far less attention given to resilience in immigrant children. A collection of studies focusing on resiliency in Native American and immigrant families was recently published to begin to address this gap [34]. Based on a review of research on families, these authors delineate strengths according to the individual ("personal resources"), family ("family systems"), and community ("social support") levels [34, pp. 18-21]. The following lists of protective factors draws on these authors' work in addition to the other articles and books in this review.

For the **individual**, protective factors include:

³⁷ Barocas, R., Seifer, R., & Sameroff, A.J. (1985). Defining environmental risk: Multiple dimensions of psychological vulnerability. *American Journal of Community Psychology*, 13, 433-447.

Browning, K., & Loeber, R. (1999). *Highlights of findings from the Pittsburgh Youth Study* (OJJDP FS No. 9995). Washington, DC:U.S. Department of Justice.

Sameroff, A. J., Selfer, R., Baldwin, A. L., & Baldwin, C. A. (1993). Stability of Intelligence from preschool to adolescence: The influence of social and family risk factors. *Child Development*, 64, 80-97.

³⁸ Anda RF, Croft JB, Felitti VJ, et al. (1999). Adverse childhood experiences and smoking during adolescence and adulthood. *JAMA*, 282:1652-1658.

³⁹ Caplan, G. (1974). *Support Systems and community mental health: Lectures on concept development*. New York: Behavioral Publications.

⁴⁰ Davis, N.J. (1999). *Resilience: Status of the Research and Research-based Programs*. DHHS, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Retrieved in November, 2001 from <http://www.mentalhealth.org/schoolviolence/5-28resilience.htm>.

- High **innate intelligence**, which can facilitate the understanding and mastery of adaptation demands
- Good **physical, spiritual, and emotional health** so that abilities and energy are available to meet demands
- Level of **knowledge and skills** appropriate to the child's developmental stage and to the education system of the host country; positive attitude towards education.
- A **sense of mastery**, or the belief in some control over the circumstances of life
- **Self-esteem**, or a positive judgment of one's worth
- **Social skills** that enable supportive, yet empowering, relationships with significant others; the ability to ask for and to receive assistance. It is important to note that some skills appropriate within one cultural context may not be effective in the new one, and must often be re-learned. However basic social abilities, such as empathy and sensitivity to others' needs, enhance communication in any culture.
- **Positive bicultural identity, bilingualism or the incorporation of positive family cultural values** that enables a supportive relationship with parents and other family members, and can sustain and guide positive coping [45, 50, 60, 61].
- **Strong religious beliefs and political convictions** about fighting against an oppressor were protective factors for Tibetan refugee children [68].

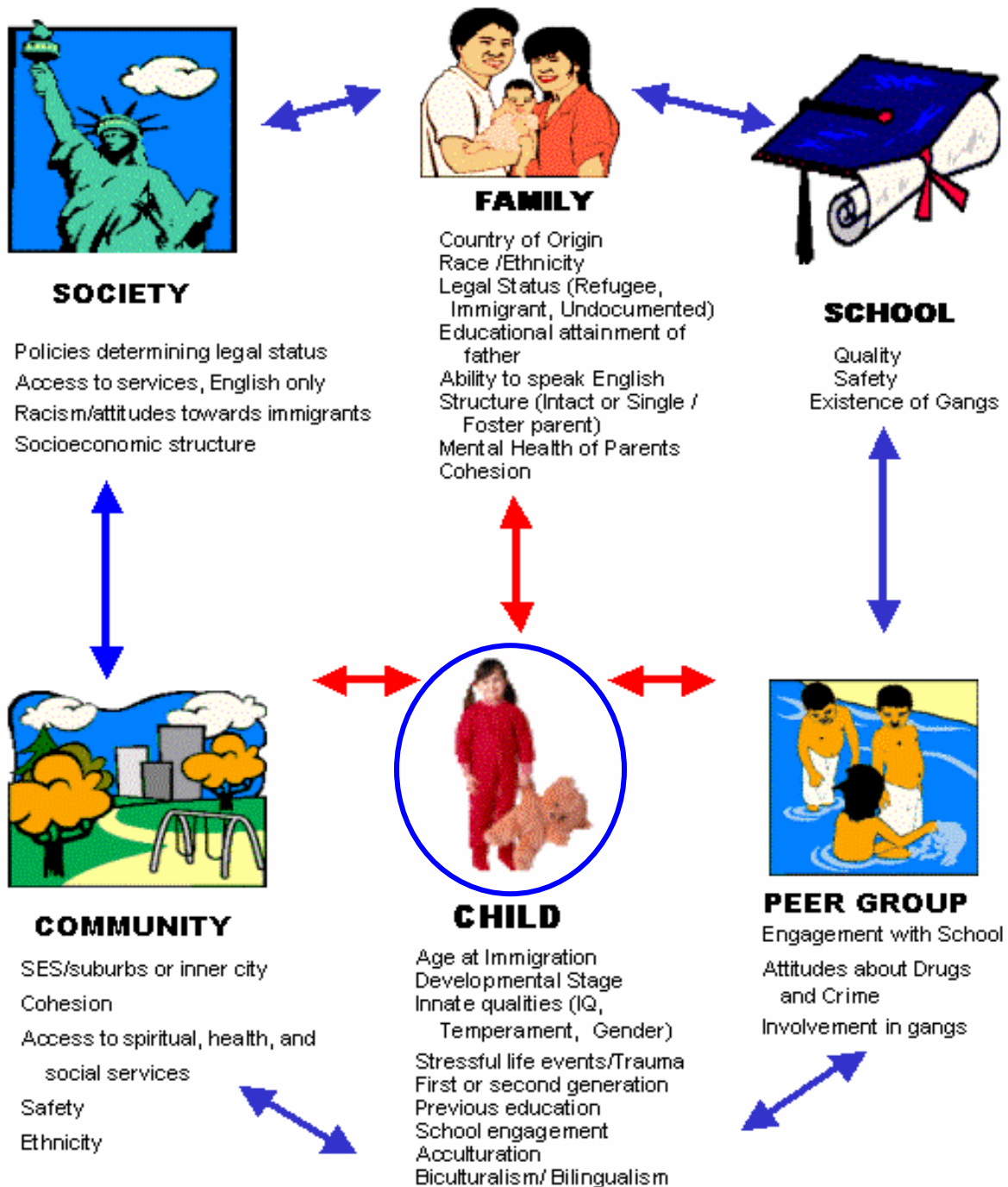
Family characteristics can serve as powerful protective factors:

- **Resources**, including economic, education and skills of parents; ability to speak English and to negotiate the US system; social connections
- **Family cohesion**, consisting of trust, appreciation, support, integration, and respect for individuality [72, 50, 55, 61]
- **Adaptability**, or the family's ability to change course when faced with obstacles
- **Family structure**, living with both biological parents is related to better outcomes [20, 50, 61], and **organization**, including agreement, clarity, and consistency regarding role and rule structure; shared parental leadership; communication skills; and constructive problem-solving.
- **Family hardiness**, including maintaining cultural traditions and family rituals despite crises, a sense of control over the outcomes of hardship, viewing change as opportunity, and active coping strategies.
- The ongoing **presence of an adult of similar ethnicity** to the adolescent appeared to mitigate against stress of adaptation to a new country [46].
- **Concurrent acculturation** between parents and children leads to less family conflict and a lowered risk of engagement in problem behaviors; however, "selective acculturation" (ie, maintaining parts of the traditional culture while adding parts of the new one selectively) brings the best results [50, 55, 61]

Community protective factors generally have to do with **neighborhood quality, cohesiveness, and ethnicity**. Neighborhoods that are higher income, safe, provide access to religious, health and social resources, and have high quality schools are associated with greater achievement among youth and lower risk for problem behaviors. This environment tends to put children in contact with pro-social peers, who are more likely to be engaged in school and to plan to continue their education past high school [26]. Immigrant youth tend to adjust best when they live in ethnically/racially similar neighborhoods with dense social support networks that reinforce family and cultural values [49, 50, 60, 61].

Societal protective factors include policies that promote access to jobs, education, benefits, and health care; a low degree of prejudice and discrimination based on race, ethnicity, or immigration status; and a high tolerance for cultural and ethnic diversity [20, 45, 50, 51, 55, 61, 73].

Figure 3. THE ECOLOGICAL MODEL



VI. Discussion

We have reviewed a broad range of information about refugee and immigrant youth and their adjustment in this report. First, it is clear that there is tremendous and increasing diversity in this country due to an unprecedented influx of refugees and immigrants and that this diversity is most evident among our youth. Second, the differences among these children of immigrants are striking with regard to country of origin, generational status, and reasons for emigration. In fact, the variation *within* the category “refugee and immigrant youth” is greater than the variation *between* this group and the mainstream, simply because it includes those coming from developed countries to further their careers as well as those fleeing civil wars or extreme poverty in rural regions of developing nations.

Although some immigrants arrive with substantial resources in terms of finances, education, and occupational skills, over half of this “new immigration” is comprised of immigrants from just twelve countries, most developing nations in Asia and Latin America, and many of these poverty-stricken or war-torn. These differences are significant when attempting to understand why some of these youth are more vulnerable to problem behaviors than others. The majority of immigrant families eventually do quite well, however, so that by the third generation, they share a similar socioeconomic profile with middle-class Americans. However, those originally from Mexico, Central American countries, the Dominican Republic, and Haiti seem to be at greater risk for remaining in poverty. These variations make a considerable difference with regard to exposure to risks for problem behaviors.

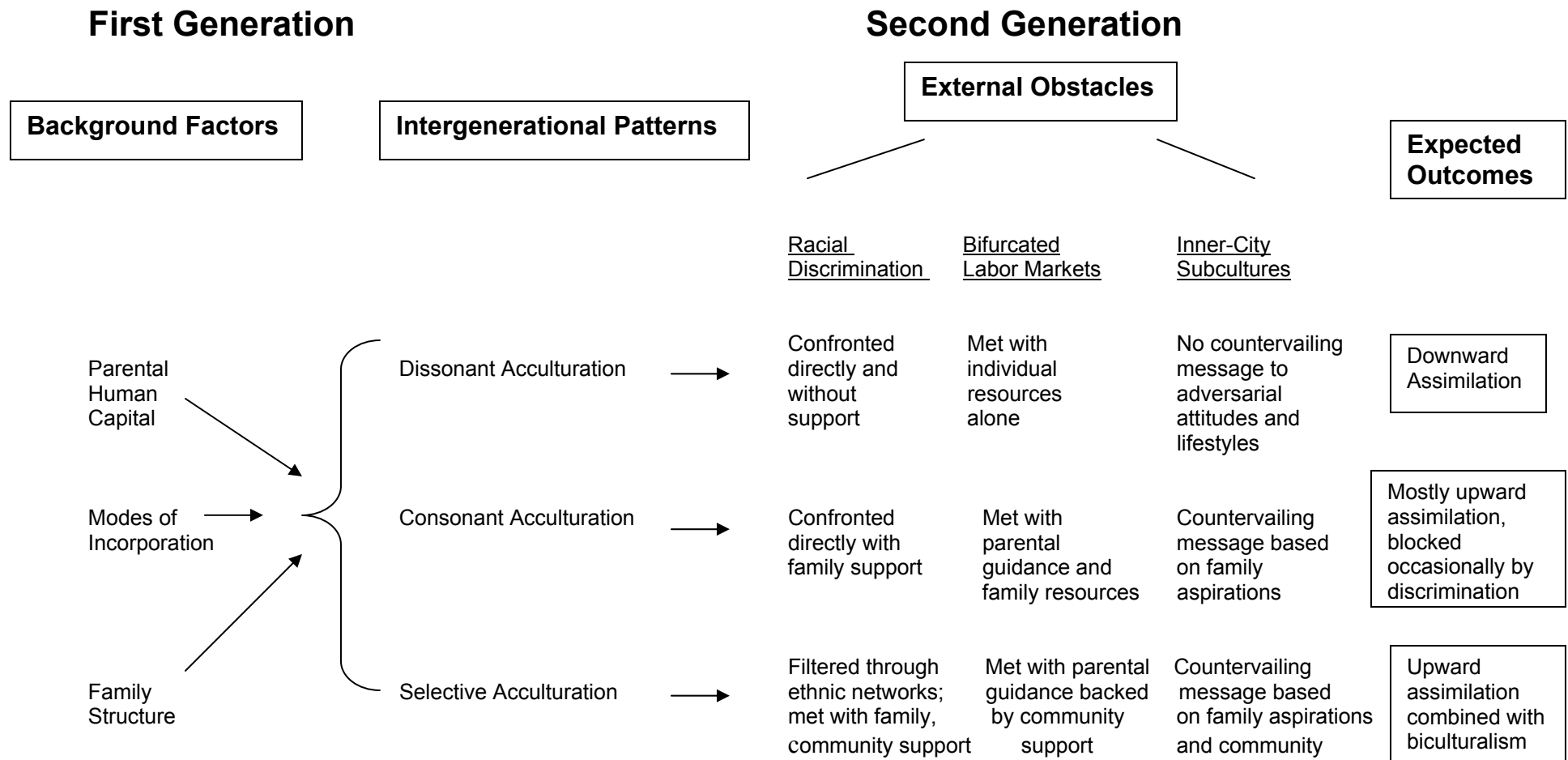
There are many theories regarding why youth engage in problem behaviors, from socioeconomic to family systems to psychodynamic. We chose an ecological approach here, which aims to integrate these different levels of analysis. It is clear that risk and protective factors interact at these levels in complex ways, and that our understanding of the interrelationships is still quite limited.

The longitudinal study of the “new second generation” by Portes and Rumbaut [48, 50, 61] provides remarkable insight into these complex relationships for immigrants. Portes and his colleagues⁴¹ thesis of *segmented assimilation* can be used and adapted to explain much of the variation in the long-term adjustment of refugee and immigrant youth described in this report. According to this explanatory model (see Figure 4 for a diagram), today’s immigrants differ along three major dimensions upon arrival:

- **Individual features:** These are “human capital” attributes that parents bring with them, including education, occupational skills, wealth, ability to speak English, and age.

⁴¹ Portes, A. & M. Zhou (1993). The new second generation: Segmented assimilation and its variants. *Annals of the American Academy of Political and Social Sciences*, 530:74-96.

Figure 4: The Process of Segmented Assimilation⁴²



⁴² Portes, A. & Rumbaut, R. (2001). *Legacies: The Story of the Immigrant Second Generation*. Berkeley and Los Angeles, CA: University of California Press, p. 63.

- Social environment that receives them: This includes policies that affect their legal status and access to services and benefits; the attitude of the American public or local mainstream community toward their racial/ethnic group; and the characteristics of their local co-ethnic community.
- Family structure: Having two parents in the home benefits children economically as well as emotionally.

For example, an upper class family from Western Europe who migrated in order to further the parents' careers and to join a brother who is a U.S. citizen will have a very different experience from the Salvadoran teens described in Ready's study [53], the majority of whom were undocumented, were separated from either one or both parents, had their schooling interrupted due to the war, and did not speak English upon arrival.

These background factors then influence intergenerational patterns, or the acculturation patterns of parents and children and the resulting relations between them. Portes, et al, identified three major patterns:

- Dissonant acculturation, where the parent acculturates very slowly and the child very rapidly, creating a large acculturation gap between them, often a lack of common language, and usually leading to conflict.
- Consonant acculturation, where both parent and child acculturate rapidly. This pattern can be advantageous, but can leave both with less co-ethnic and cultural support with which to face discrimination.
- Selective acculturation, where both parent and child acculturate slowly, picking and choosing which values to keep and which to leave behind. Families who follow this pattern tend to have the most support and the best outcomes.

Background factors and intergenerational patterns comprise the resources with which a family faces the challenges they ultimately meet as they resettle in this country. These challenges include racism, the bifurcation of the U.S. labor market (ie, those with little education or skills generally work for minimum wage, without much chance for advancement, in a high technology economy), and the influence of countercultures, such as street gangs. These challenges obviously will not affect all equally, and not all immigrants will cope equally with them. Again, as an example, the subjects of Ready's study faced all three challenges, with less support from family, but apparently with good community support from friends and from the school they attended. Some of these young immigrants were more successful than others; Ready found that those with less social support were more likely to remain in poverty, while some gave in to the influence of the street culture. In the Westminster CA study of Vietnamese gangs, a pro-gang attitude was highly associated with family conflict. Also associated with joining a gang was the presence of gangs in

the neighborhood, which usually indicates a low-income area (and would indicate low parental “human capital”).

Therefore children in families experiencing more intergenerational conflict and less social support are at greater risk for “downward assimilation”, including low school achievement, continued poverty, and increased vulnerability to street culture. Those families experiencing consonant acculturation tend to do well, but when they acculturate rapidly, the parents do not have the support of a co-ethnic community to support them when they try to enforce cultural values (such as spending more time on homework, less time watching TV), and this can lead to increased intergenerational conflict. The pattern with the best results, then, is selective acculturation, where cultural values are supported by a dense social network and, ideally, parents and peers know one another and share many of the same values. The Cuban community, especially the first wave from the elite class, best represents this pattern. Cubans are welcomed by the U.S. as refugees and arrive into a highly dense social network and co-ethnic community. Most succeed reasonably well in a culturally compatible, entrepreneurial milieu. The children who go to private school tend to be economically and socially well-integrated into the mainstream, and have extremely low rates of problem behaviors.

If we re-examine the risk factors listed earlier from our review of 74 books and articles, these factors also follow the pattern in Portes, et al’s segmented assimilation thesis. Under the individual domain, risk factors are either background (eg, traumas experienced as a refugee, or age at arrival) or reception (undocumented immigration status) or acculturation-related (eg, language conflicts). Under the family domain, the risk factors either relate to family structure (part of background factors) or acculturation. Note that intergenerational conflict figures prominently, as does “mother’s low level of acculturation” or when “parents embraced mainstream Canadian culture” while abandoning their own. These patterns were related to an increase in conduct disorder in several small studies. Socioeconomic status is most important under school and peer domains, and community cohesion and societal reception figure prominently under those domains. A developmental focus is not as prominent in this model; however Portes and Rumbaut do address school performance, psychosocial well-being, and identity development extensively in the CILS, and do integrate developmental issues into this model. Clearly, more research is needed to explore these patterns further. However, this model shows great promise for further examining the interrelationships between risk and protective factors for problem behaviors in refugee and immigrant youth.

In summary, refugee and immigrant youth share many of the same risk and protective factors for problem behaviors with mainstream youth. The most important factor is socioeconomic status; lower SES is a major risk factor for both mainstream and immigrant youth. Other shared risk factors include minority status, male gender, low IQ, low school engagement, poor parent-child relations, and a family that is not intact. The shared protective factor supported by the reviewed studies is a commitment to school.

Immigrants - especially refugees and those coming from war-torn and poverty-stricken countries – do experience unique risk factors, as reflected in the model above. Some are related to the migration experience, especially for refugees, including physical and emotional trauma and loss of family members prior to or during their journey. In addition, refugees coming from situations of

civil war may find their divided homelands reflected in their communities here, resulting in less capacity to provide support. Acculturation issues exacerbate the usual conflicts with parents for adolescents, and inadequate or a different style or level of education prior to arrival can make achievement at school more difficult. Furthermore, immigrants tend to have less access to mainstream services due to cultural and linguistic barriers or structural barriers, including a legal status required to receive benefits.

Despite these shared and unique risk factors, the possibility that first generation immigrant children may experience better health and lower incidence of health risk behaviors than native-born youth is significant. More research is needed in this area, as well. However, these data are in agreement with other smaller studies, and indicate that at least first generation immigrants and refugees may experience unique protective factors. Several studies, including the CILS, mentioned a more hierarchical, cohesive family structure and a high value placed on familism, or emphasizing the family's needs over the individual's. In addition, immigrants tend to demonstrate a high drive to succeed and parents often both support and demand that their children work hard and do well in school. Several studies noted that Asian children, in particular, tended to have low self-esteem and higher rates of depression despite high accomplishments at school, perhaps due to the pressure that they feel. It is interesting, however, that this achievement drive tends to diminish by at least the second generation, which may be partly related to acculturation and partly due to the reality of discrimination that many minority children face in this country

Despite these unique protections afforded first generation youth, many, as we have seen, remain quite vulnerable. Moreover, according to Portes, et al's model, the way in which these youth resolve the challenges they face determines to a large extent how well the second and third generation will do. Appropriate interventions, when needed, can have multiple effects.

Now that we have reviewed risk and protective factors and distinguished those shared with mainstream youth from those unique to refugee and immigrant youth, the next step is to explore ways in which mainstream programs can be adapted to immigrant populations. The next section describes a case study of a mainstream anti-violence school-based curriculum that was successfully adapted to refugee populations. In the final section, we close with research and programming recommendations for preventing and treating problem behaviors in refugee and immigrant youth.

VII. Applicability of Mainstream Anti-Violence Programs to Refugee and Immigrant Youth

As part of this literature review, the Center for Multicultural Human Services reviewed violence prevention programs that have been adapted to refugee and immigrant populations. Sources for information on programming included the Surgeon General's report on youth violence; Karol Kumpfer's recent literature review of research on family strengthening programs;⁴³ the *Strengthening America's Families, Effective Family Programs for the Prevention of Delinquency Model Programs* review;⁴⁴ a special issue of *Journal of School Health* on federal activities addressing violence in schools;⁴⁵ and communication with other researchers and program directors in the field. There were several programs with demonstrated effectiveness with native-born populations that have been adapted to refugee or immigrant groups, although research on effectiveness with immigrants was still limited. As Kumpfer states:

Unfortunately, few existing model family programs (e.g., those developed and tested within National Institute of Drug Abuse/National Institute of Mental Health clinical research trials aimed at preventing drug use and delinquency) have been modified for ethnic families to the degree that they now have culturally appropriate training and parent/child handbooks, video tapes, films, or evaluation instruments translated into different languages.⁴⁶

According to Kumpfer and our own research, notable exceptions include:

- Strengthening Families Program (SFP);
- Families and Schools Together (FAST);
- Strengthening Multi-Ethnic Families and Communities; and
- Brief Strategic Family Therapy (BSFT).

The first three programs are focused on prevention. They have developed materials in a number of different languages and are in the process of collecting data on effectiveness with specific immigrant populations; however, no evaluation data was available at the time of this report. The most extensively researched program is the Brief Strategic Family Therapy (BSFT) model, developed by Dr. José Szapocznik in 1975 at the University of Miami Medical School's Center for Family Studies. This model is used for both prevention and treatment and was adapted from

⁴³ Kumpfer, Karol. (1999). *Strengthening America's Families: Exemplary Parenting and Family Strategies for Delinquency Prevention*. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴⁴ Developed by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in collaboration with the Substance Abuse and Mental Health Service's Center for Substance Abuse Prevention (CSAP). (Retrieved on 11/15/01 from http://www.strengtheningfamilies.org/html/model_programs.html).

⁴⁵ American School Health Association (2000). Federal Activities Addressing Violence in the Schools: A Special Report. *Journal of School Health*, Vol. 70, No. 4.

⁴⁶ Kumpfer, Karol. (1999). Principles of effective family strengthening programs. *Strengthening America's Families: Exemplary Parenting and Family Strategies for Delinquency Prevention*. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, p. 36. Retrieved in November 2001 from http://www.strengtheningfamilies.org/html/literature_review_1999.pdf.

mainstream strategic and structural family therapies. The BSFT was developed specifically for inner city Miami youth (primarily Cuban American). This model focuses on restructuring and strengthening family relationships, and specifically addresses the acculturation gap between parents and children – a major risk factor for problem behaviors. All four of these models are described in more detail, with contact information, in Attachment A.

Violence Prevention Program Case Study: Preserving, Enriching, and Assisting Refugee Children through Enhancement (PEACE)

The program described next is one of the few violence prevention efforts targeted specifically to refugee and immigrant youth that is strong, well-documented and currently undergoing a formal evaluation. Although the final impact evaluation is not yet complete (anticipated January 2002), this process evaluation provides an illustration of the ways in which a successful mainstream program was adapted to address the risk and protective factors specific to refugee and immigrant youth.⁴⁷

The Utah State Division of Mental Health, in collaboration with the Salt Lake School District and New Hope Refugee Center, developed a program for refugee youth based upon a mainstream school-based violence prevention curriculum. The program, *Preserving, Empowering, and Assisting Refugee Children through Enhancement (PEACE)*, was launched in October 1999. The mainstream curriculum utilized was the *Second Step: A Violence Prevention Curriculum*, produced by the Committee for Children, a Seattle-based nonprofit organization that publishes research-based curricula to prevent youth violence, bullying, and child abuse and to encourage social-emotional literacy. *Second Step* was developed for pre-school through Junior High and teaches children to change the attitudes and behaviors that contribute to violence, focusing on the social skills of *empathy*, *impulse control*, and *anger management* using developmentally-appropriate content and skills exercises.

Second Step was chosen for this project due to its demonstrated effectiveness with mainstream populations. One of the few programs rated "Exemplary" by the U.S. Department of Education's 2001 Expert Panel on Safe, Disciplined, and Drug-Free Schools, it was cited for its "clear and appropriate goals for the intended population and setting," as well as "relevant evidence of effectiveness based on sound evaluation." Since the curriculum teaches basic social skills important for success in this country, and involves parents, school, and community in the effort, it was believed that it would be effective for refugee and immigrant groups.

PEACE was awarded a two-year grant by the School and Community Action Grant Program of the Safe Schools/Healthy Students Initiative. This project targeted refugee children from eleven different countries in Eastern Europe, the Middle East, Africa, and Southeast Asia, representative of the Salt Lake City area refugee population. All children were attending elementary through junior high school in the Salt Lake School District. The stated rationale for the program was the

⁴⁷ This process evaluation was developed from program reports and telephone interviews with the Program Director, Ming Wang, and the Evaluator, Craig Colton, both of the Utah Division of Mental Health, during the months of October through December 2001.

need for extra support by refugee children and their families in the adjustment process. As the program director writes:

Being unfamiliar with the new culture, many develop socially inappropriate behaviors, such as aggression and withdrawal. Parents are limited in helping these children due to their own struggle in this society. Without special assistance, refugee children are at risk to develop delinquent behaviors. The proposed exemplary practice, the Second Step, addresses the need for refugee children to develop prosocial behaviors.⁴⁸

Specific goals of the project were to:

1. Enhance community awareness and develop a supportive environment through community mobilization
2. Reach consensus on the adaptation of the Second Step, a violence prevention curriculum
3. Pilot test the culturally enhanced Second Step curriculum
4. Institute the culturally enhanced Second Step curriculum in Salt Lake School District

The project was divided into two phases: (1) consensus building (including community mobilization) during the first year, and (2) pilot testing (including implementation) during the second year. Next, we review the *Process Followed*, *Lessons Learned*, and *Results* for the two phases.

A. Phase 1: Consensus Building

1. Process:

The consensus-building process was viewed as critical to mobilizing the community and ensuring the appropriateness of the curriculum for refugee youth. Those communities targeted for the consensus-building process were the refugee and school communities. *PEACE* created two mechanisms for this phase: Project Action Teams (PATs) and Working Groups (WGs). PATs comprised key community leaders from diverse fields and organizations and included: refugee groups; refugee resettlement agencies; juvenile justice; mental health service providers; health; school administrators; teachers; refugee parents/children; school resource officers; school counselors/ psychologists/ social workers; and other school support personnel; such as cafeteria workers, and bus drivers. Each leader then organized a Working Group by recruiting interested individuals from his or her represented group. The task of the WGs was to conduct a needs/ resource assessment and to evaluate *Second Step* for appropriateness within their community. The WGs were mandated to engage consumers (refugee children and their parents) as participants throughout the process. During this process, the project organizers conducted trainings on refugee issues for the schools and larger community, and on the school and other community service systems for the refugees.

⁴⁸ Wang, M. (1999). *PEACE Program Abstract*. Utah Division of Mental Health. Unpublished report.

2. Lessons Learned:

1. **Identifying Community Leaders:** In developing the PATs, project organizers chose those refugee community members who spoke English well and who often acted as liaisons. However, the refugee communities let them know that these were not leaders recognized by the communities themselves. The project organizers then changed their strategy and contacted all factions, tribes, and religious groups within each refugee population. These refugees assisted in selecting 5-6 work group members to represent each group. Not only did this more participatory strategy ensure effectiveness of the WGs, but it also enabled the communities to develop a sense of ownership and investment in their WGs.
2. **Intra-Community Diversity and Politics:** Refugee communities are quite diverse and factions are common. The project organizers found that focusing on children's well-being provided a point of agreement and mobilization for all groups. In addition, these groups defined and reached consensus on what this meant specifically to them, again increasing engagement and effectiveness of the effort
3. **Focus on Violence Prevention:** The Refugee WGs felt that a focus on violence prevention for refugee youth labeled their children as violence-prone. In response, they chose to apply the curriculum to all students, rather than just refugees, and to focus on a common vision: "to help refugee students succeed in school."
4. **Refugee Work Group Development:** It took longer than planned to both organize these WGs and for the WGs to reach consensus. The delay was due to the process engaged in for choosing leaders, the need for more meetings than planned to reach consensus, and to WG member work schedules that made regular meeting times when all could attend difficult. The project organizers held as many meetings as necessary at times most convenient to WG members, including on evenings and weekends. Despite these challenges, the Refugee WGs responded well to the process and completed their recommendations on time.
5. **School System Expectations:** The project organizers found that the school representatives preferred immediate implementation of the program and were resistant to the consensus building process. These concerns were successfully addressed by explaining the benefits of the consensus process in terms of effectiveness and sustainability—issues of concern to the school. In addition, school personnel were provided the training in refugee issues that they wanted, which served to both increase understanding of the process and to demonstrate an immediate benefit of the program.

3. Results:

At the end of the first year, the Consensus Phase was over. The Project Action Teams had developed thirteen committed Working Groups, as follows:

REFUGEE WORKING GROUPS:

European: Bosnian/Serb
Albanian
Croatian
Russian

African: Somali
Sudanese
Chad
Nigerian

Middle Eastern: Iraqi
Kurdish

Southeast Asian: Vietnamese

MENTAL HEALTH WORKING GROUP:

School counseling staff
Other school based services (after
school programs, resource office)

SUPPORT SERVICE WORKING GROUP:

School support staff (janitorial, child
nutrition, transport, secretarial)

Refugee Working Groups (11 total) Tasks:

- Conduct community needs assessment
- Examine appropriateness of *Second Step*
- Recommend methods for implementation

Education Working Groups (2 total) Tasks:

- Mobilize school district support
- Select pilot schools
- Ensure all personnel are invested in violence prevention efforts

Refugee Working Groups Consensus:

- The common goal of these workgroups is to assist refugee children to succeed in school.
- Refugee children face multiple challenges in the school system and efforts to address these issues need to be multifaceted and collaborative.
- The *Second Step* curriculum is appropriate for refugee children and their families.
- Violence prevention training needs to occur in a multicultural setting where children and their families from refugee countries and other cultures can interact and benefit from the curriculum.

The Refugee WGs also conducted a needs assessment and defined the most important areas for promoting school success:

- Maintaining their original culture
- Academic achievement
- Improving English
- Orientation of new students and parents

Other identified needs included:

- Relationships between teachers, students, and parents
- Assistance with homework
- Attending after school programs
- Transportation
- School safety
- Mental health.

Mental Health Working Group Consensus: This group selected two schools for the pilot implementation of *Second Step* in the coming year. Selection criteria were: (1) the size of refugee student enrollment, and (2) the support expressed by the school's administration for the program. One was an elementary school located in a neighborhood with many refugee families; the other was a middle school designated to receive Limited English Proficiency middle school students. This WG developed a partnership with the Salt Lake City school system, obtained a commitment from the two school administrations, and worked with staff from both schools to develop a strategic plan for implementation and evaluation of *Second Step*.

Support Service Working Group Consensus:

- Support service staff should be made aware of new refugee students arriving, and
- Have interpreters available;
- Receive regular training on refugee issues; and
- Be trained in *Second Step* together with the teachers and counselors.

Training:

- At the end of the first year, *PEACE* sent three staff members for "training for trainers" on the *Second Step* curriculum at the Committee for Children in Seattle. These staff then implemented the *Second Step* training program at the schools.
- *PEACE* organized a year-end conference to disseminate information on the consensus building process, including cultural presentations and dinner, and with over 150 in attendance. The highlight of the conference was an impromptu discussion by the refugees about their struggle in the US. There was a high level of interaction among refugees, school staff, and community service providers.

B. Phase 2: Pilot Testing

1. Process:

In September 2000, *Second Step* was implemented in the two schools:

- 400 students (60 percent) in the elementary school (20 classes K-6 & 20 teachers)
- 260 (40 percent) in the middle school (12 ESL classes, 5 teachers).

Due to the expansion of the pilot testing from one to two schools and from refugee students to all students, the project hired additional staff. Two liaisons, permanent school staff, were hired at 20 percent FTE: a social worker at the elementary school and the ESL Coordinator at the Middle School. They were responsible for teacher recruitment and training; student training; and collecting evaluation data. In addition, the University of Utah's School of Social Work assigned a graduate intern to work at both schools.

At the end of the project, *PEACE* received additional requests for training and expansion:

- The Salt Lake City School District Special Education program and an alternative school decided to implement *Second Step* and asked *PEACE* to provide them with training and curriculum.
- Training is planned for March 2002 to help school psychologists and counselors work with students who have experienced trauma, with a focus on refugees.

- The *Granite School District* (the largest school district in Utah) decided to make *Second Step* their violence prevention curriculum and is negotiating with the Division for assistance in training and purchasing of curriculum.

2. Lessons Learned:

1. Higher level of English required: The middle school curriculum required a higher level of English than most refugee students had. Those students with greater English proficiency assisted in explaining the curriculum. The teachers also used role plays and visual aids. It was not useful to bring in interpreters due to the number of different languages spoken.
2. Confounding of evaluation results due to use of other similar curricula: During the second year, the elementary school began using a similar curriculum in its classes (“Be Cool”). The evaluator is working on ways to minimize confounding of evaluation results.
3. Competing responsibilities for teachers: The Salt Lake City School District began implementing a comprehensive school improvement program that demanded a great deal of teacher time and made it more difficult to recruit them for *Second Step*. School liaisons were instrumental in recruiting teachers, and offered to do much of the teaching and training work for them. Each participating class received a \$25 gift certificate.
4. Fidelity to *Second Step*: The use of multiple teachers and adaptations of the curriculum due to students’ varying degrees of English proficiency made fidelity to the original program an ongoing challenge.
5. Parent Training: Parents were to be trained in *Second Step* but were unable to come to trainings due to their work schedules. Instead, the local adult ESL program, where most refugee parents attended evening classes, was willing to use *Second Step* in their ESL curriculum beginning April 2001.
6. Newsletter: *PEACE* developed a quarterly newsletter and published two issues. However, the feedback received indicated that it was not as useful as the staff had hoped. They decided to discontinue the newsletter and instead produced a small book on refugee youth and a refugee studies curriculum for local and national distribution.

3. Results:

- Strategies for sustainability:
 - Training and the *Second Step* curriculum were provided by the Division to:
 - the Salt Lake City School System (adopted *Second Step* as its official violence-prevention curriculum)
 - the Salt Lake City Special Education Program
 - a Salt Lake City alternative school
 - the local adult ESL program
 - The *Granite School District* (adopted *Second Step* as its official violence-prevention curriculum)
 - Salt Lake City School personnel and refugee parents were trained in *Second Step*.
 - University of Utah made the *Second Step* program a graduate intern placement site due to the training opportunity and exposure to diversity provided.
 - The Division collaborated with the Center for Documentary Arts to produce a small book (64 pages) profiling refugee youth in Utah and their life experiences. This

book will complement a curriculum guide to enable teachers to incorporate refugee studies into their curriculum. This book will be part of an exhibit on refugee youth at the Utah Children's Museum during the Winter Olympic in Salt Lake City in February 2002.

- Unanticipated results:
 - The Refugee WGs chose to continue to meet, and to work with the schools on refugee student issues.
 - The refugee parents felt strongly that they should be involved in the curriculum, since they were instrumental in reinforcing what the children learned at school.
 - The greater community decided to evaluate the cultural competency of agencies serving children of different cultural backgrounds.
 - Cultural exchange, communication, and mutual understanding were enhanced through the school-wide implementation of the curriculum; the additional trainings held to increase understanding among groups; and the spontaneous presentations and exchanges that occurred at conferences and other events.
 - Different parts of the Salt Lake City School District and the Granite School District requested training and the *Second Step* curriculum, representing a significant expansion of the original plans.
- Evaluation: A pre/post test was administered to children participating in the program. The evaluation strategy was developed and implementers trained by the evaluator, Dr. Craig Colton. Dr. Colton worked closely with both staff and the WGs throughout the process.
- Keys to success:
 - The personality and skills of the program staff. The full-time Program Specialist/Coordinator was a key factor. Ahmed Mudhir, a Somali refugee himself, who spoke a number of different languages, was very politically astute and skilled in working with the different communities.
 - Taking the time needed to choose refugee leaders and to build a true consensus among the different communities.
 - Flexibility regarding structure; the director allowed each WG to develop its own agenda and goals, which increased the effectiveness, relevance, and sense of ownership for participants.
 - The vision and ability to include and work in partnership with the different systems involved, including different social service agencies, the school system, and the refugee communities.

C. Conclusions

PEACE was essentially a primary prevention model for reducing the risk of violent behavior and was made available to all students in the elementary school and all ESL students in the middle school. The major strength of this program – and, in the end, what makes it truly applicable to refugee and immigrant youth – was the structure and integrity of the consensus-building process. The program director followed a basic plan, but allowed sufficient flexibility regarding:

- Process and final choice of leaders and participants
- Modification of the WG agendas to correspond to members' interests and strengths
- Additional meetings and time required to carry out the consensus phase
- Shift in focus from violence prevention to "success in school"
- Involvement of the parents to a degree appropriate to a more hierarchical family structure
- Additional trainings on refugee issues and community service systems, as needed

The consensus-building process enabled full participation, a sense of ownership, and leadership by the refugee community. This process may well have had a positive impact on relationships between refugee parents and children, parents and the schools, the schools and their refugee students, and the refugee families and community service systems.

This program targeted a number of the risk and protective factors for problem behaviors in refugee and immigrant youth:

Individual domain

- Improving English skills and success in school
- Increasing culturally-appropriate social skills and sense of competency
- Maintaining knowledge of and pride in country of origin culture

Family domain

- Strengthening the parent-child relationship: Parents were included in the curriculum training, ensuring they knew what their child was learning and encouraging their involvement in teaching it to the child.

School domain

- School quality and responsiveness were increased through an enhanced curriculum, through the training on refugee issues, and through the increased involvement with refugee parents.

Peer domain

- The social skills taught were targeted towards strengthening relationships with pro-social peers and knowing how to say no to anti-social behavior.

Community domain

- Cohesion of refugee communities (each separately and all together) was strengthened through their working together towards the well-being and success of their children.
- The larger community's cohesion was strengthened through the increased communication, mutual awareness, and relationship-building that took place between the different sectors throughout both the consensus-building process and implementation. This greater cohesiveness should benefit the refugee children through an increased sensitivity to and support of their and their parents' needs.

The evaluation will measure changes in participants' capacity for empathy, impulse control, and anger management as a result of this violence prevention curriculum. In the future, the impact of the consensus-building process and trainings on other systems would be valuable to measure,

including relationships between refugee parents and children, parents and the schools, the schools and their refugee students, and the refugee families and community service systems.

VIII. Recommendations

A. Research

- One of the primary recommendations of this report is that measures for immigrant status, generation, and country of origin be included in national data collection systems and large-scale studies on youth problem behaviors. The impact the enormous diversity within the federally-determined racial/ethnic groups has upon data analysis should be clear from this report; the diversity within these groups is greater than the differences between them. Since 20 percent of our children today are children of immigrants, we are missing extremely valuable information on a substantial – and growing – proportion of our population.
- This area of research is still in an early stage of development. However, we now know far more about refugee and immigrant youth, the variation within these groups, and possible patterns of unique strengths and vulnerabilities concerning problem behaviors. These risk and protective factors should be studied more extensively, so that the complex interrelationships between these factors, the individual, and the sociocultural context can be better understood, and more effective and targeted interventions designed.
- A comprehensive research program in this area should be established. In order to develop the field further, research should follow theoretically derived models, integrate different levels of analysis, include developmental factors, and build on previous research
- Existing instruments should be used when at all possible, made culturally appropriate, and normed to different ethnic populations and age groups. This effort will facilitate building upon prior research and comparing the results of studies.
- Particularly for children and for immigrants, longitudinal studies are critical in order to discover the long-term impact of risk and protective factors and of interventions.
- A more consistent use of comparison groups will help us learn more about the ways in which specific risk and protective factors function under different circumstances or within different ethnic groups, and can help distinguish that changes were not a function of developmental, acculturation, or other normative processes.
- The focus on stress in current research is important in that it tells us about these children's vulnerabilities. However, stress theories do not explain why some children do well despite greater than average barriers to success. *Resiliency* is a critical area for future research. This should be especially fruitful with children who have endured the traumas of war and the refugee experience, yet still seem to adjust well.

- Developmental factors must be taken into account when studying people of all ages, but they are especially crucial when studying children. A developmental approach should be integrated throughout the research design.
- It is clear that gender is significant with regard to risk for problem behaviors. Gender was also strongly related to self-esteem, depression, school performance, and ethnic identity development in some studies of refugee and immigrant youth. Gender must be taken into consideration in data collection and analysis. This may be even more important for cultures in which gender roles are more divergent than in the U.S.
- Religion is yet another area that is relatively unexplored for children of immigrants. It is reasonable to suggest that some religious belief or faith is usually integrated into the refugee or immigrant youth's culture, and family and community values. This is particularly true of those coming from Latin America, Asia, and Africa. It would be interesting to know more about the role of religion in family and community cohesion and in selective acculturation, and the ways in which this varies for different refugee and immigrant groups.

B. Programming

There is a broad range of mainstream programs available to address youth problem behaviors, and a great deal has been learned through recent efforts to adapt these programs to refugee and immigrant youth. Kumpfer⁴⁹ outlined a series of principles of highly effective programs, derived from the literature and her research as well as from practical experience. Following are the most relevant principles, adapted to refugee and immigrant youth programming. Programs should be:

- *Culturally Sensitive*

General principles for culturally sensitive or competent programs should be established, as now exist for the health care field. The cultural content may vary depending upon specific characteristics of participants; however, a framework is needed to provide guidance in developing culturally appropriate programs. For example, the *Strengthening Multi-Ethnic Families and Communities* program (Attachment A) has developed a model that represents a pyramid; ethnic/cultural identity and values form the base of the pyramid. This is an excellent way to visualize the significance of one's cultural heritage. Since the research is so clear concerning the benefits of biculturalism for immigrants, a program that teaches new skills while celebrating and sharing the different cultures of participants should be most effective.

An excellent method for making a program more culturally appropriate is to involve the community and program participants from the beginning of the planning phase all the way through the final evaluation. As *PEACE* illustrated, this process can take more time and effort than funders or partners may expect. However, these differences in expectations can be successfully managed,

⁴⁹ Kumpfer, K. (1999). Principles of effective family strengthening programs. *Strengthening America's Families: Exemplary Parenting and Family Strategies for Delinquency Prevention*. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved in November 2001 from http://www.strengtheningfamilies.org/html/literature_review_1999.pdf.

as the *PEACE* project demonstrated, and the extra time and effort pay off in far more effective programming.

- *Developmentally-appropriate*

Programs must be targeted to the child's physical, cognitive, and psychosocial level of development, and timed so that the family is open to the intervention. When working with refugees and immigrants, it is important to be aware that child development may be viewed somewhat differently in their cultures. This can be a good opportunity for mutual learning. For example, in some cultures, children take on responsibility for younger siblings at a much earlier age than in this country, and they are therefore likely to be more responsible and capable in that regard than we expect. On the other hand, disciplining practice varies across cultures, and most new immigrants must learn the practices appropriate for children in this country.

- *Comprehensive*

Programs should address risk factors at as many ecological levels as possible. For example, the *PEACE* program addressed community consensus and cohesion, communication between parents and schools, communication between parents and children, and the child's communication with peers. The programs described in Attachments A and B are all designed to provide comprehensive, developmentally-appropriate interventions.

- *Family-focused*

One of the most consistent findings in the literature was the relationship between family conflict, specifically parent-child conflict, and risk for maladjustment and problem behaviors. This is especially important for families from cultures where less emphasis is placed on individual needs and the group is more highly valued. Cultures in Asia and Latin America tend to have strong "familism" values, as well as more hierarchical family structures. As we have seen, this difference in cultures is more likely to cause conflict once the family arrives here. However, strong and cohesive families and communities also serve as powerful protective factors for children. The *Brief Strategic Family Therapy* model (Attachment A) specifically addresses the acculturation gap in families as a source of adjustment problems for children.

- *Long-term and Enduring*

Programs that build recognition, trust, and engage families long enough to make a real difference in functioning—rather than provide a temporary fix—are most effective in the long term.

- *Sufficient Dosage or Intensity*

Particularly for those families in crisis and with more complex needs, programs should provide sufficient services to make a difference, again in the long term.

- *Early Start*

Starting early is especially preferable when a family has multiple problems. Early intervention can serve as a primary prevention measure and can prevent more serious problems later on.

- *High Rates of Recruitment and Retention*

Recruitment and retention is a goal but can also be a test of the cultural appropriateness and relevance of a program. The *PEACE* program ensured that it was addressing “felt” needs in the community and schools, and then took the program to where the participants naturally congregated (at school and evening ESL classes). These methods assured higher participation rates. Providing transportation, snacks, and child care can also increase rates of recruitment and retention.

- *Trainer/Program Coordinator High Personal Efficacy*

The efficacy and personal characteristics of the trainer or program coordinator are closely related to a program’s success. The Coordinator should be experienced and caring, demonstrate warmth and empathy, share the program’s philosophy, and be able to readily relate to clients.