

Research

Background

While Latinos/Hispanics in the U.S. are now the largest ethnic group and their growth rate is among the fastest (U.S. Census, 2006), there are important gaps in knowledge regarding psychological trauma in various age groups in this population. Research with human and animal models has shown that psychological trauma is only one among the numerous stressors that can affect an individual's health, with early life stress having distinctively harmful effects (Heim & Nemeroff, 2002). Early life stress is associated with increased risk of revictimization in the adult, and outcomes are worst among individuals victimized both in childhood and adulthood (Weisbart et al., 2008). In addition, research has shown that socially-embedded stress and traumatic experiences that are frequent among ethnic minorities, such as racial discrimination and living in a dangerous neighborhood, have measurable physiologic consequences (Ryan, Gee, & Laflamme, 2006; DeSantis et al., 2007).

Because 40% of the Latinos/Hispanics in the U.S. are foreign-born (U.S. Census, 2004), acculturative stress is likely to interact with other adverse experiences in immigrant and migrant subgroups (Romero, Martinez, & Carvajal, 2007). The synergy of adverse and traumatic experiences is compounded by revictimization (Classen, Palesh, & Aggarwal, 2005) and the intergenerational cycle of maltreatment (Newcomb & Locke, 2001). The latter includes hormonal abnormalities in offspring of mothers diagnosed with PTSD (Yehuda et al., 2007). Together, these various lines of research suggest that:

- The typical Latino/Hispanic has a larger lifetime trauma burden than his/her Caucasian counterpart;
- Posttraumatic stress disorder (PTSD) is but one of several stress-related conditions that affect an individual's health;
- Intergenerational cycle of trauma includes physiological abnormalities, in addition to behavioral and psychological effects;



"There are significant deficits in the available evidence-based practices for Latino children and adolescents."

*La experiencia es la madre de la ciencia.**

- Psychosocial interventions for Latino/Hispanic children and adolescents exposed to trauma are critical in reducing the severity of or preventing negative outcomes in the adult and his/her offspring.



Thus, research on early intervention with children and adolescents who are victims of maltreatment has shown a sustained reduction in negative physical and mental health outcomes at follow-up (Cicchetti, Rogosch, & Toth, 2006; Kessler et al., 2008), as well as in neurobiological normalization of the stress response (Fisher, Stoolmiller, Gunnar, & Burraston, 2007). Other types of longitudinal research implies that interventions designed to improve the social and family-related factors that contribute to the incidence of childhood abuse may

also have the benefit of increasing educational achievement for children in at-risk families (Boden, Horwood, & Fergusson, 2007). Currently, Latinos are dropping out the education system at a rate that is twice as high as the dropout rate for comparable non-Hispanic whites (Fry, 2003).



While most of the observational and correlational research cited above has been conducted without significant representation of Latinos/Hispanics, a similar situation can be observed in intervention research. Thus, a recent review of evidence-based psychosocial treatments for children and adolescents exposed to traumatic events revealed that, with the exception of studies by Kataoka and colleagues (2003) and Lieberman et al (2005), none of the remaining 19 studies focused on or recruited adequate samples of Latino youth (Silverman et al., 2008). In addition, the review showed that no psychosocial treatments that have been developed and tested specifically for Latino youth with histories of sexual or physical abuse.

Statement of the Issue

The neurobiological, behavioral, and psychological effects of childhood trauma can be ameliorated with appropriate interventions with children and adolescents. There are significant deficits in the available evidence-based practices for Latino/Hispanic children and adolescents. Currently there are no published randomized control trials of trauma-based interventions for Latino/Hispanic youth that consider cultural issues, such as shame (Fontes, 2007). In addition, there is a pressing need to expand traditional research focusing on individuals and psychological distress, to include ecological and contextual determinants as well as biomarkers and physical health in trauma- and stress-related conditions. Future basic and translational research on traumatic stress among Latinos/Hispanics of both genders and all age groups should take into account the effects of cumulative stress stemming from socioeconomic disadvantage. Likewise, the focus on pathology and dysfunction should be expanded to include socio-cultural and individual resilience factors and issues related to immigration.



Recommendations from the Field



- Researchers should **design studies to include adequate representation of a variety of Latino/Hispanic racial and ethnic groups**. Often partnering with researchers in other geographic locations and with other local partners can improve the ability to recruit and retain a diverse sample.
- Researchers should **include community members from diverse Latino/Hispanic racial and ethnic groups in all stages of the research process**, including selection of research questions, study design, recruitment and data collection, and interpretation and dissemination of findings.
- Researchers should **focus efforts on understanding the ways in which trauma experiences differ across Latino/Hispanic racial and ethnic groups**. To the extent that the common types of trauma differ across racial and ethnic groups, resources may need to be deployed differently, assessment techniques modified, and intervention programs developed.
- Researchers should **examine the extent to which responses to trauma differ across Latino/Hispanic racial and ethnic groups**. Risk factors for a negative response to trauma may differ across cultures, and therefore clinicians may need to intervene in the response process differently. To the extent that these differences are understood, clinicians will be better able to focus their attentions to areas likely to respond to intervention.
- Researchers should **examine the extent to which existing evidence-based treatments for trauma are effective with ethnic youth**.
- Researchers should **examine the extent to which existing evidence-based programs are able to attract, engage, and retain ethnic youth**.
- Researchers should **determine in which cases new and unique interventions must be developed to address a particular trauma-related issue among Latino/Hispanic families**, in which cases existing treatments should be adapted to be more culturally sensitive, and in which cases existing treatments can be used without modifications.
- Researchers should **investigate the process of treatment adaptation with the aim of developing an “adaptation science” that can guide efforts to modify multiple existing treatments for multiple racial and ethnic groups**.

Resilience

- Researchers should investigate if lower levels of acculturation account for higher degrees of social support which can in turn improve resilience and serve as a protective factor for Latino/Hispanic youth affected by trauma.
- Researchers should investigate if *familismo* (see “Cultural Values” priority area for more information) correlates with resilience and serves as a protective factor against mental illness in Latino/Hispanic youth affected by trauma.
- Researchers should examine the relationship between the level of acculturation, *familismo* and resilience when it comes to trauma in Latino /Hispanic youth.
- Researchers should examine the relationship between lower levels of acculturation, disclosure and families’ reactions to disclosure of traumatic experiences in Latino/Hispanic youth.
- Researchers should investigate if there is a relationship between higher levels of *familismo* and delays in disclosure of childhood traumatic experiences and reactions to that disclosure.

Family/Youth Engagement

- Researchers should investigate if there is a relationship between the researcher’s ethnic background and the engagement and participation of Latino/Hispanic research subjects and families.
- Researchers should examine if there is a need to involve Latino/Hispanic families when the research focus is individual Latino/Hispanic youths.
- Researchers should investigate if trauma-focused interventions and trauma focused research would be more successful if applied to Latino/Hispanic families as a whole rather than individual Latino/Hispanic youth.
- Research with Latino/Hispanic youth and their families should be conducted in a culturally sensitive manner. Consent for participation might be better obtained if the researcher speaks the language and has a clear understanding of the taboos surrounding mental illness and childhood trauma, especially childhood sexual abuse, in the Latino/Hispanic population.
- Latinos/Hispanics value their families’ privacy and the privacy of their children. They protect their children and families from the judgments that could be placed upon them by their community if the news of a traumatic experiences were to spread (Fontes, 2007). Researchers should take this into account when consenting parents and their children by providing a quiet and private area for the research and consent process to take place.

Community Examples/Best Practices



- **Cognitive Behavioral Intervention for Trauma in Schools (CBITS)** – Developed by Dr. Lisa Jaycox and colleagues, this program is an intervention for children with violence-related mental health symptoms such as depression, anxiety, and post-traumatic stress disorder. CBITS was developed from empirical data on the effects of trauma on Latino/Hispanic and immigrant youth and is designed to be implemented in schools.
 - ⇒ Website: www.hscenter.ucla.edu/people/jaycox.shtml
 - ⇒ Book: <http://store.cambiumlearning.com/ProductPage.aspx?parentId=019004232&functionID=009000008&site=sw>
- **Culturally Modified Trauma Focused Treatment (CM-TFT)** – Developed by Dr. Michael de Arellano, CM-TFT was developed for use with Latino/Hispanic children and is based on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), with the addition of modules integrating cultural concepts throughout treatment. For more information, contact Dr. Michael de Arellano at dearelma@musc.edu.
 - ⇒ Website: www.nctsn.org/nctsn_assets/pdfs/promising_practices/cmtft_general.pdf
- **Guiando a Niños Activos (Guiding Active Children, or GANA)** – Created by Dr. Kristen McCabe, the GANA program is a version of Parent-Child Interaction Therapy (PCIT) that has been culturally adapted for Mexican-American families. The adaptation process involved combining information from 1) clinical literature on Mexican-American families, 2) empirical literature on barriers to treatment access and effectiveness, and 3) qualitative data drawn from focus groups and interviews with Mexican-American mothers, fathers, and therapists on how PCIT could be modified to be more culturally effective. Information from these sources was used to generate a list of potential modifications to PCIT, which were then reviewed by a panel of expert therapists and clinical and mental health researchers. For more information, contact Kristen McCabe at kmccabe@casrc.org.

Resources



de Arellano, M. A. (2006, November). *Trauma among Hispanic/Latino Populations*. National Crime Victims Research and Treatment Center: Medical University of South Carolina. Retrieved November 8, 2008, from www.nctsn.org/nctsn_assets/pdfs/promising_practices/TF-CBT-CTG_Culture_4-27-07.pdf

Jaycox, L. H., Stein, B. D., Kataoka, S. H., Wong, M., Fink, A., Escudero, P. et al. (2002). Violence exposure, posttraumatic stress disorder, and depressive symptoms among recent immigrant school children. *Journal of American Academy of Child & Adolescent Psychiatry*, 41(9), 1104-1110.

Kataoka, S., Fuentes, S., O'Donoghue, V. P., Castillo-Campos, P., Bonilla, A., Halsey, K., et al. (2006). A community participatory research partnership: The development of a faith-based intervention for children exposed to violence. *Ethnicity and Disease*, 16(S1), 89-97.

Lopez, S. R. (2002). Mental health care for Latinos: A research agenda to improve the accessibility and quality of mental health care for Latinos. *Psychiatric Services*, 53, 1569-1573.

Medical University of South Carolina, National Crime Victims Research and Treatment Center. (n.d.). *Trauma-informed interventions: Culture-specific intervention information*. Retrieved November 8, 2008, from www.nctsn.org/nctsn_assets/pdfs/promising_practices/TF-CBT-CTG_Culture_4-27-07.pdf

National Child Traumatic Stress Network. (n.d.). *Culturally modified trauma-focused treatment (CM-TFT)*. Retrieved November 8, 2008, from www.nctsn.org/nctsn_assets/pdfs/promising_practices/CM-TFT_fact_sheet_3-21-07.pdf

National Council of La Raza. (2005). *Critical disparities in Latino mental health: Transforming research into action*. Institute for Hispanic Health white paper. Retrieved November 8, 2008, from www.depressionisreal.org/pdfs/file_WP_Latino_Mental_Health_FNL.pdf

National Implementation Research Network. (2003, July). *Consensus statement on evidence-based programs and cultural competence*. Retrieved November 8, 2008, from www.fpg.unc.edu/~nirn/resources/detail.cfm?resourceID=3

Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Tu, W., Elliott, M. N., et al. (2003). A mental health intervention for schoolchildren exposed to violence: A randomized controlled trial. *Journal of the American Medical Association*, 290(5), 603-611.

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. Retrieved November 8, 2008, from www.surgeongeneral.gov/library/mentalhealth/cre/sma-01-3613.pdf

Vega, W. A., Karno, M., Alegria, M., Alvidrez, J., Bernal, G., Escamilla, M., et al. (2007). Research issues for improving treatment of U.S. Hispanics With persistent mental disorders, *Psychiatric Services*, 58, 385-394.

References



- Boden, J. M., Horwood, L. J., & Fergusson, D. M. (2007). Exposure to childhood sexual and physical abuse and subsequent educational achievement outcomes [Electronic version]. *Child Abuse & Neglect*, 31(10), 1101-1114.
- Cicchetti, D., Rogosch, F. A., & Toth, S. L. (2006). Fostering secure attachment in infants in maltreating families through preventive interventions. *Development and Psychopathology*, 18(3), 623-649.
- Classen, C. C., Palesh, O. G., & Aggarwal, R. (2005). Sexual revictimization: A review of the empirical literature. *Trauma, Violence, & Abuse*, 6(2), 103-129.
- DeSantis, A. S., Adam, E. K., Doane, L. D., Mineka, S., Zinbarg, R. E., & Craske, M. G. (2007). Racial/ethnic differences in cortisol diurnal rhythms in a community sample of adolescents. *Journal of Adolescent Health*, 41(1), 3-13.
- Fisher, P. A., Stoolmiller, M., Gunnar, M. R., & Burraston, B. O. (2007). Effects of a therapeutic intervention for foster preschoolers on diurnal cortisol activity [Electronic version]. *Psychoneuroendocrinology*, 32(8-10), 892-905.
- Fontes, L. A. (2007). Sin vergüenza: Addressing shame with Latino victims of child sexual abuse and their families. *Journal of Child Sexual Abuse*, 16(1), 61-83.
- Fry, R. (2003, June 12). *Hispanic youth dropping out of U.S. schools: measuring the challenge*. Retrieved November 8, 2008, from <http://pewhispanic.org/files/reports/19.pdf>
- Heim, C., & Nemeroff, C. B. (2002). Neurobiology of early life stress: clinical studies. *Seminars in Clinical Neuropsychiatry*, 7(2), 147-159.
- Kessler, R. C., Pecora, P. J., Williams, J., Hiripi, E., O'Brien, K., English, D., et al. (2008). Effects of enhanced foster care on the long-term physical and mental health of foster care alumni. *Archives of General Psychiatry*, 65(6), 625-633.
- Newcomb, M. D., & Locke, T. F. (2001). Intergenerational cycle of maltreatment: A popular concept obscured by methodological limitations. *Child Abuse & Neglect*, 25(9), 1219-1240.
- Romero, A. J., Martinez, D., & Carvajal, S. C. (2007). Bicultural stress and adolescent risk behaviors in a community sample of Latinos and non-Latino European Americans. *Ethnicity & Health*, 12(5), 443-463.
- Ryan, A. M., Gee, G. C., & Laflamme, D. F. (2006). The Association between self-reported discrimination, physical health and blood pressure: Findings from African Americans, Black immigrants, and Latino immigrants in New Hampshire. *Journal of Health Care for the Poor and Underserved*, 17(2 Suppl), 116-132.
- Silverman, W. K., Ortiz, C. D., Viswesvaran, C., Burns, B. J., Kolko, D. J., Putnam, F. W., et al. (2008). Evidence-based psychosocial treatments for children and adolescents exposed to traumatic events. *Journal of Clinical Child and Adolescent Psychology*, 37(1), 156-183.
- U. S. Census Bureau. (2006, May 10). *U.S. Census Bureau news: Nation's population one-third minority*. Retrieved November 8, 2008 from www.census.gov/Press-Release/www/releases/archives/population/006808.html
- Weisbart, C. E., Thompson, R., Pelaez-Merrick, M., Kim, J., Wike, T., Briggs, E., et al. (2008). Child and adult victimization: Sequelae for female caregivers of high-risk children [Electronic version]. *Child Maltreatment*, 13(3), 235-244.
- Yehuda, R., Teicher, M. H., Seckl, J. R., Grossman, R. A., Morris, A., & Bierer, L. M. (2007). Parental posttraumatic stress disorder as a vulnerability factor for low cortisol trait in offspring of holocaust survivors. *Archives of General Psychiatry*, 64(9), 1040-1048.

**Dichos translation: After the rain, comes the sun.*

Research Subcommittee

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