

**PSYCHOSOCIAL CONSIDERATIONS IN
THE MENTAL HEALTH OF
IMMIGRANT AND REFUGEE CHILDREN**

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ABSTRACT

Recent empirical research with immigrant and refugee children is reviewed to identify issues related to the adaptive experiences of these populations. While all migrating children experience stresses associated with change and their adjustment to a new country, the expectation that these stresses invariably lead to higher rates of emotional problems and maladaptive behaviours cannot be supported. Instead, research indicates that a variety of adaptive experiences are encountered, with outcomes determined by a combination of risk and protective factors. Risk and protective factors residing in three interacting systems, the child, the family, and the larger community, are discussed in relation to prevention and intervention.

Throughout its recent history Canada has been a country of immigrants. Since Confederation the ratio of immigrants to native-born Canadians has been fairly constant, approximately one of six individuals living in Canada was born in another country (Canada's Immigrants, 1984). Recently, dramatic changes have occurred in the pattern of migration. Until the end of World War II the majority of Canada's immigrants came from Great Britain and the United States, with a smaller proportion from other European countries. In contrast, since the 1960s the proportion of immigrants from these countries has decreased while the number of immigrants arriving in Canada from other countries has increased. As a result, unprecedented numbers of immigrants from Asia, India, Africa, the Caribbean, Central America, and South America have made Canada their home (Immigrants in Canada, 1990). Included among these newcomers are refugees born in countries such as Vietnam, Somalia, El Salvador, Kampuchea, and Laos.

It has recently been estimated that Canada receives between 25,000 and 35,000 new migrant children 19 years of age and younger every year (Beiser et al., 1988). For these children the experience of migration presents significant life changes in their environment, community, and interpersonal affiliations. As immi-

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grant children come from countries less like Canada in terms of language, climate, customs, and racial composition, the amount of life change and stress experienced can increase. In the special case of refugee children, traumatic events involving violence and deprivation may further influence the migration process.

An association has been identified between stressful life events in childhood and subsequent mental health problems (Rutter, 1983); similarly, psychological research has established the relation between stress and physical and mental health (Selye, 1979). The experiences of immigrant and refugee children and their families vary tremendously, from relatively benign migration accompanied by positive life changes to harrowing flights from death and destruction. Thus, the number and intensity of stresses associated with migration vary. Consequently, the impact of migratory experiences on development and health is variable.

The objective of this paper is to present a comprehensive analysis of the psychosocial considerations related to children's mental health issues and their impact on adaptation and development. This analysis will be grounded in existing empirical research with immigrant and refugee children and their families. Children cannot be understood without considering the complex environments they inhabit. Psychosocial considerations must also encompass the enormous range of experiences encountered by immigrant and refugee children and their families before migration, in transit, and during resettlement. In order to do this, we will adopt an ecological framework (Bronfenbrenner, 1979; Bronfenbrenner & Crouter, 1983) wherein the child is considered as a member of different interacting systems.

The paper begins with a discussion of definitional issues related to research with these populations. The life stresses that increase the vulnerability of immigrating youth who are newcomers are identified followed by a review of research on adaptive outcomes. Given the complex nature of the results, adaptation must be viewed as a multi-dimensional process. A variety of risk and protective processes that may mediate psychosocial adjustment are discussed within the framework of a systemic model that considers these processes from the perspectives of the child, the family, and the community at large. Following this, we develop implications for intervention, future research in this area, and policy development.

DEFINITIONAL ISSUES

Official government definitions of "immigrant" and "refugee," developed to classify and regulate the acceptance of newcomers, have influenced the operational definitions of these concepts employed in research. These generic definitions, however, are often inadequate because they do not capture the diversity represented in the populations under study. For example, immigrants are not differentiated on the basis of their country of origin; thus an American child from New York and an African child from Kenya may be classified equally as immigrants to Canada, although the relative degree of discrepancy between their home and host experiences vary tremendously (Bhatnagar, 1976). Given the pattern of contemporary immigration to Canada, distinctions between immigrants based on the discrepancy between home and host environments are increasingly important.

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In addition, the legal definition of immigrant does not differentiate between newcomers based on their length of residence in the receiving country. Thus, a child with less than a year in a new culture may be grouped with a child resident in the new culture for more than 10 years. Further heterogeneity is added when the term immigrant is applied to children born in the receiving country to immigrant parents. For research purposes then, it is essential to make distinctions among immigrant children based on the extent to which the receiving country differs from their country of birth, their age at migration, and length of residence in the receiving country.

The distinction between immigrant and refugee may also be critical. The essential feature that differentiates refugee children and their families from other migrants is their lack of choice in migration (Berry, 1988). Fear of persecution and need for protection are required to obtain refugee status. Trauma, violence, war, expulsion, and severe deprivation may characterize the life experiences of refugee children. Thus their adaptation and development in the receiving society may be distinct from other immigrant children and require separate evaluation.

VULNERABILITY OF IMMIGRANT AND REFUGEE CHILDREN

Migration entails tremendous upheavals for children and their families. As a result, immigrant and refugee youth encounter many stresses that make them unique from other children. Common stressors that may be experienced by immigrant and refugee children due to losses and life changes will be briefly described. For children, as for adults, migration entails extensive loss. Sadness and regret may be associated with the loss of familiar persons, customs, clothing, foods, and surroundings. Loss may also be experienced due to separation from or death of parents or other members of a child's family. Extended families and kinship groups are invariably fragmented by migration, entailing additional interpersonal loss.

Migrating children often arrive in the receiving country with little or no ability to speak or comprehend the language. Thus their initial impressions may be of a society that is confusing and alien. School attendance may be stressful because of language limitations. In addition, children may be inadequately prepared for school, especially those who have had intermittent or no formal schooling. Poor educational achievement or failure may result. A further source of stress for immigrant children may be low peer acceptance and social isolation.

The family system that provides protection, support, and guidance for children may be compromised by migration causing additional stress for children. Children may experience reduced involvement with parents, or inadequate parental support, due to their parents' preoccupation with their own adaptation. Reduced economic status, underemployment or unemployment of parents, and associated loss of vocational prestige may increase family difficulties. In addition, there may be an increase in intergenerational tension and conflict due to the more rapid acculturation of children than parents. For children, acculturation may involve a change of traditional values, beliefs, and practices (Lalonde & Cameron, 1993). Furthermore, as a result of their more rapid acculturation, immigrant children may be burdened by the role of interpreting the language and culture of the receiving

country for their parents; these children may become prematurely parentified by taking on adult responsibilities.

RESEARCH LITERATURE

An earlier review of research on the social and emotional adjustment of immigrant children (Aronowitz, 1984) concluded that disorders were not necessarily more prevalent among migrating children than others. When adjustment difficulties were identified, they involved behaviour problems among elementary school children and identity conflicts among older children. Aronowitz noted the limited research in the area and the need for a conceptual framework to incorporate the multiple effects on adaptation.

Research involving immigrant and refugee children and their families remains relatively scarce, although the area is developing and attracting increasing attention. The limited amount of empirical research must be considered as a reflection of the difficulties encountered in conducting investigations with populations that vary in language and culture. Furthermore, given the complex nature of the process of adapting to a new society, decisions regarding which variables to investigate are difficult. Much of the work to date has comprised studies of children of a particular cultural group, focusing on one particular issue. As such, these studies provide valuable information. Their failure to incorporate comparison samples, however, limits the usefulness of their results.

The applicability of results obtained from empirical studies is an important issue, since an interaction between characteristics of the specific acculturating group and characteristics of the receiving society are likely to affect adaptive experience. Thus, distinctive aspects of the Canadian environment such as multicultural policies, economic support for refugees, and the ethnic and cultural composition of the population will limit the extent to which research results from other countries may be useful. Similarly, the time at which an issue or sample was studied must be considered in evaluating the contemporary relevance of results.

Although the experiences of immigrant and refugee children are currently understudied, congruent research results have been reported in some domains, suggesting differential patterns of adaptation to migration. These results are reviewed briefly below.

Research data on immigrant children from different cultural backgrounds presents considerable diversity, yet several aspects of the findings are important. The evidence of successful adaptation to school among some groups of immigrant children (Cochrane, 1979; Ekstrand, 1976, 1981; Kallarackal & Herbert, 1979; Touliataos & Lindholm, 1980) supports the position that migration does not inevitably involve adjustment problems. The importance of children's adaptation over time (Taft, 1979), and parents' health and adaptive problems (Barankin, Konstantareas, & deBossset, 1989; Malhotra, 1991; Pepler & Lessa, 1993; Taft, 1979) suggests that acculturation is an interactive process unfolding over time.

While West Indian immigrant children have received considerable attention from researchers in Britain and Canada, the studies have focussed almost exclusively on adaptive problems rather than adaptive outcomes. Problems studied include deviant school behaviour (Bagley, 1972; Rutter et al., 1974), conduct

problems (Burke, 1982; Graham & Meadows, 1967; Nicol, 1971), and underachievement (Anderson & Grant, 1987; Coelho, 1988; Driver, 1979). Differences between the receiving societies and the West Indian society are presumed to contribute to these problems: West Indian children speak a dialect of English that may interfere with their expressive and receptive language abilities in the new environment; parents frequently employ strict discipline practices and expect authoritarian teaching styles in schools. The immigration of many children born in the West Indies often follows that of their mothers (Anderson & Grant, 1987; Rutter et al., 1974; Soto, 1987). Consequently, attachment, separation, and reunion issues may be etiologically significant in the problems encountered by Caribbean youth (da-Costa, cited in Coelho, 1988).

Even greater diversity in issues and results can be found in studies involving adolescent immigrants. Identity formation tends to be assessed as a more complex process among immigrant adolescents who employ more diverse reference models than other adolescents (Weinreich, 1979, 1986) or their own parents (Leibkind, 1986). Contrary to expectations, self-esteem has been found to be adequate in immigrant adolescents when support was provided by the family and cultural community (Akoodie, 1980; Rosenthal, Moore, & Taylor, 1983; Schwarzer, Bowler, & Rauch, 1986; Verkuyten, 1988). Research has also suggested that the importance of traditional customs and cultural values is maintained for many immigrant adolescents (Feldman & Rosenthal, 1990; Rosenthal & Feldman, 1992). Finally, greater family conflict between immigrant parents and their adolescent children has been identified (Danziger, 1971, 1974; Rosenthal, 1984) and intergenerational conflict has been related to the adoption of values from the host culture that conflict with traditional values (Rosenthal, 1984; Rosenthal, Demetriou, & Efkides, 1989).

In spite of the relatively greater difficulty related to conducting research studies with refugee children, a growing body of literature provides congruent results in several areas. First, it must be emphasized that in comparison to other immigrants and to refugee adults, refugee children are more likely to have serious health problems associated with malnutrition, disease, physical injuries, brain damage, and sexual or physical abuse (Arroyo & Eth, 1985; Carlin, 1979; Westermeyer, 1989; 1991). The influence of these health problems cannot be overlooked in relation to their effects on cognitive, social, and emotional development. Moreover, premorbid impairment has been found to be exacerbated by stress and problems related to migration (Minde & Minde, 1976; Williams & Westermeyer, 1983). Indeed the process of migration and requirements imposed by receiving countries may add to the burdens of refugee children by intensifying fears related to potential rejection and by prolonging resettlement or separations from parents, kin, or members of their ethnic community (Arroyo & Eth, 1985; Harding & Loooney, 1977; Williams & Westermeyer, 1983).

Psychiatric disturbance in refugee children has been related to mental health difficulties experienced by other family members (Minde & Minde, 1976; Rouseau, Corin, & Renaud, 1989; Sack, Angell, Kinzie, & Rath, 1986). Similarly, a relationship has been identified between Indochinese adolescents' academic underachievement and psychiatric disturbance of their mothers (Rumbaut, 1991). Parents' own experiences related to persecution, war violence, terrorism, powerlessness, and exhaustion may compromise their abilities to care for their children.

Family members and others caring for refugee children are often unaware of the children's difficulties, and tend to underidentify problems (Friere, 1989; Harding & Looney, 1977; Minde & Minde, 1976; Sack et al., 1986). Furthermore, immigrant families are often reluctant to seek help (Williams & Westermeyer, 1983). Lack of social support and the isolation experienced by refugees have been related to child disturbance (Minde & Minde, 1976) and to family conflict (Williams & Westermeyer, 1983). Conversely, social support from the receiving society and the cultural community may facilitate adaptation (Allodi, 1989).

Unaccompanied refugee children, separated from their families during migration or migrating alone, are at high risk for psychiatric problems (Carlin, 1979; Harding & Looney, 1977; Kinzie, Sack, Angell, Manson, & Rath, 1986; Ressler, Boothby, & Steinbock, 1988; Sokoloff, Carlin, & Pham, 1984; Westermeyer, 1989; Williams & Westermeyer, 1983). In comparison, accompanied refugee children have been found to be relatively resilient (Allodi, 1989; Harding & Looney, 1977; Tsoi, Yu, & Lieh-Mak, 1986; Westermeyer, 1989). The presence of parents and other family members during migration may reduce the extent to which experiences are perceived as terrifying and traumatic. The placement of unaccompanied refugee children with adults who do not belong to their ethnic and cultural community may exacerbate their adaptive difficulties (Porte & Torney-Purta, 1987; Williams & Westermeyer, 1983). Moreover, ethnically congruent care has been associated with school achievement, integration with peers, and well-being (Porte & Torney-Purta, 1987).

Further evidence on the importance of ethnic and cultural ties comes from recent research with Indochinese adolescents in San Diego (Rumbaut, 1991). In this research, a measure of ethnic solidarity completed by parents (affirming cultural traditions, ties to the ethnic community, and a commitment to stay in the host society) was significantly related to the academic achievements of adolescents. Thus, maintenance of contacts with the ethnic community and a positive attitude toward acculturation may be implicated in successful school achievement.

Refugee children who were exposed to war violence, trauma, an extended period of deprivation, and danger are at increased risk of experiencing prolonged psychological disturbances following resettlement (Allodi, 1980; Friere, 1989; Kinzie et al., 1986; Kinzie, Sack, Angell, Clarke, & Ben, 1989; Kinzie & Sack, 1991). For example, many Cambodian children exposed to massive trauma show evidence of post-traumatic stress disorder (PTSD) and depression (Kinzie et al., 1986; Kinzie et al., 1989). The effects of severe trauma may be long term (Dreman & Cohen, 1990), with recurrent psychiatric problems appearing periodically over the life span (Kinzie & Sack, 1991).

Although PTSD has evolved recently as a diagnostic category, symptoms consistent with this diagnosis related to exposure to war violence have been identified in children since the early 1940s (Arroyo & Eth, 1985). Refugee children with PTSD may present with symptoms such as confused and disordered memories of events, repetitive unsatisfying play on themes related to trauma, substantial personality change, imitation of violent behaviour, and pessimistic expectations regarding survival (Arroyo & Eth, 1985; Pynoos & Eth, 1984). The symptoms experienced by children exposed to violence and extreme trauma may vary with age. Among young children, very high anxiety, social withdrawal, and regressive

behaviour may be observed (Arroyo & Eth, 1985). Problems of school-aged children include flashbacks, exaggerated startle responses, poor concentration, sleep disturbance, somatic complaints, and conduct problems (Allodi, 1980; Arroyo & Eth, 1985; Espino, 1991; Kinzie & Sack, 1991). Among adolescents, symptoms associated with the experience of trauma include acting out, aggressive behaviours, and delinquency (Arroyo & Eth, 1985) as well as nightmares, intrusive recollections of violence, and trauma and guilt related to their own survival (Kinzie et al., 1986).

The extent to which refugee children are exposed to violence and trauma has a significant effect on the symptoms and problems they experience (Rousseau et al., 1989). Children exposed to mutilation, death, and personal abduction have been found to have significantly higher PTSD symptoms than refugee children from the same culture who were protected from war violence (Espino, 1991). Moreover, children exposed to war violence demonstrated significantly lower cognitive ability on standardized measures and even lower academic achievement than the protected children, a difference that could not be explained by time in the host country or school attendance (Espino, 1991). Thus initial research results suggest exposure to massive trauma and war-related violence may have profound effects on children, leading to significant mental health problems that require attention. Furthermore, the effects of unresolved traumas related to war violence may impact on future physical and emotional health, as well as academic achievements.

RISK AND PROTECTIVE PROCESSES RELATING TO CHILDREN'S ADJUSTMENT

The work of Garmezy (1985) and Rutter (1987) has been seminal in developing an understanding of risk and protective factors relating to children's adjustment. Risk factors are elements associated with increased likelihood of developing emotional disturbance, with higher rates of maladjustment in children exposed to risk factors when compared to others not exposed to such factors. Thus, risk factors increase vulnerability. While a single risk may not precipitate disorder, the coincidence of several risk factors increases the chance of an adverse outcome (Rutter, 1983). In the Ontario Child Health Study, for example, children who were from families on social assistance, with one parent at home, or living in subsidized housing were more likely to experience adjustment problems than those without these risk combinations (Offord, Boyle, & Racine, 1990). Protective factors, on the other hand, reduce the rate of maladjustment in the presence of risk by modifying the impact of misfortune. For example, in the Ontario Child Health Study children who were reported to get along well with others and have good peer relationships were less likely to experience adjustment problems than less socially competent children who lived in families with similar risk conditions (Offord et al., 1990). Protective factors have been associated with the concept of resilience, based on observations that some children seem relatively resilient in the face of adverse circumstances.

Initially researchers investigating the mental health and adjustment of immigrant and refugee children assumed that migratory stress would create vulnerability or risk. Hence there was an expectation that, as a group, migratory children would inevitably show higher rates of disorder than children from the re-

ceiving country. The data on immigrant and refugee children suggest that while all these children are exposed to risk factors associated with the transition to a new country, some children succumb readily to the adversities, whereas others cope remarkably well under highly stressful circumstances (Cochrane, 1979; Cummins, 1984; Ekstrand, 1981; Kallarackal & Herbert, 1976; Rumbaut, 1991; Touliatos & Lindholm, 1980; Tsoi et al., 1986).

The diversity in children's adjustment experiences may be explained by mediating risk and protective factors. At present, there is a lack of empirical investigation into these processes as they relate specifically to the adjustment of immigrant and refugee children. Potential mediating factors can be identified in the research described above and considered in relation to an ecological framework composed of different interacting systems. In this review, risk and protective factors will be considered at three organizational levels: characteristics of the child, aspects of the family system, and circumstances within the broader community and its social institutions.

For immigrant children, protection from adjustment problems may be associated with competence in the mainstream language and academic ability (Barankin et al., 1989; Rumbaut, 1991; Tsoi et al., 1986). A rapid acquisition of the mainstream language may be a protective factor in that it would facilitate successful peer interactions and success in school (Charron & Ness, 1981). Nationally, over 100,000 school-aged children without either official language arrived in Canada between 1980 and 1988 (Canadian School Trustees Association, 1989). Furthermore, many of the children arriving in Canada have experienced interrupted schooling, insufficient educational preparation, or no formal education. Cummins (1984) has noted that although basic conversational skill can develop relatively quickly, children who immigrate in the early school grades may take up to seven years to acquire the necessary English proficiency to achieve at grade level. Thus, age at arrival may be a risk factor related to underachievement and failure. Adolescents who have experienced interrupted schooling and no exposure to the language of instruction may be disadvantaged in comparison to children immigrating at a younger age (Rumbaut, 1991).

In the acculturation process, immigrant and refugee children may be placed at high risk if they are isolated from, or unfamiliar with, the mainstream community. For example, Portuguese children of immigrant parents were found to have low levels of involvement in social activities (Pepler & Lessa, 1993). This may limit opportunities for children to engage in peer interactions outside of the school setting. Extra-curricular involvements among children have been found to relate positively to adjustment (Rae-Grant, Thomas, Offord, & Boyle, 1986).

Premigratory experiences and the migration process comprise additional risk factors specific to the child that may increase the likelihood of serious adaptive consequences. For refugee children in particular, early life experiences may include poverty, malnutrition, starvation, lack of shelter, and neglect. In addition, refugee children from areas with a lengthy history of war and political repression may have been victims of violence or exposed to armed conflict. The effects of exposure to aggression, brutality, terror, and disempowerment are substantial. Children's exposure to war violence and trauma has been related to greater adaptive difficulties and increased psychopathology (Arroyo & Eth, 1985; Espino, 1991;

Rousseau et al., 1989). The vulnerability of refugee children to symptoms of PTSD, anxiety disorders, aggressive behaviour, and depression has been associated with the extent to which they observed or experienced violence and terror. Conversely, refugee children not exposed to war violence and aggression have been found to function well academically (Espino, 1991; Tsoi et al., 1986).

Risk and protective factors may also exist within the family system. Having parents who are educated and literate in the language of the receiving culture may be protective for children who receive assistance in acquiring a new language themselves (Rumbaut, 1991). We also have to consider the relationship between the children and their parents with regard to education. Parents may find themselves unable to help their children with schoolwork because of language problems, a foreign educational system, a lack of education, or even a lack of time. It can be detrimental for the children who may lack the parental support available to many of their classmates. It is similarly frustrating for parents who may feel unable to contribute to an important aspect of their children's lives. It is important, therefore, to facilitate communication between the school and immigrant parents in order to identify and address these issues.

Family disruption has been implicated as a potential risk mechanism in immigrant children's adjustment. Some immigrant and refugee children experience separation from parents for extended periods of time during migration, which may lead to a failure to establish bonds with parents upon reunion following migration (Rutter et al., 1974). Prolonged separations have been implicated in the high levels of behaviour problems at school and depression experienced by some West Indian children. Immigrant children may also be at risk if their parents experience depressive symptoms in adapting in a new country. A relation has been found between parent reports of depression and adaptive problems of children (Barankin et al., 1989; Rumbaut, 1991). For example, Rumbaut has described a "pivotal role" for mothers of immigrant children, such that their own distress, with concomitant reduced energy, interest, and coping abilities, adversely affects the adaptive efforts and educational achievements of their children.

Conversely, family stability has been identified as a protective mechanism in immigrant children's adjustment. Families that are cohesive and stable may provide security and support for children facing the stress of immigration. For example, a British study has suggested that family stability, with low rates of separation and divorce, is associated with positive outcomes for Asian children (Kallarackal & Herbert, 1976). In addition, having parents with positive attitudes toward acculturation while maintaining ties with their cultural community, may be a protective factor (Allodi, 1989; Malhotra, 1991; Rumbaut, 1991).

To comprehend the psychosocial adjustment of immigrant or refugee children, it is important to look beyond the children's individual characteristics and their family dynamics and to assess the broader social context. Within this context, a distinction should be made between the immigrant's ethnic community and the community at large.

The first informal contacts that are made in Canada by many immigrants are with members of their own ethnic community. This is a practical strategy given that security can be found by seeking similar others in an unfamiliar environment. The characteristics of the ethnic community and the relationship between an

immigrant's family and community may have a profound impact on the integration of a family within the host society. Two ethnic community characteristics of importance are its size and its degree of development. The greater the size of the ethnic community, the easier it will be for an immigrant to establish a social network. Furthermore, the longer the history of immigration for a particular ethnic group, the greater the probability that the ethnic community will have developed both formal and informal structures to facilitate the integration of its group members. For example, Italian immigrants in Toronto may have better access and information about health care services than Salvadoran refugees, given differences in the length of time each of these groups have resided in Canada.

The importance of the ethnic and cultural community in promoting adaptation of families and children extends beyond practical issues. A strong ethnic community provides validation for cultural traditions and values. Classes for children providing knowledge and understanding of cultural aspects of their identity foster the learning of culturally congruent values, language, and customs. Moreover, the ethnic community may function as a resource assisting new members with adjustment stress. For example, the Hmong community has been described as providing social continuity and strength for its members using clan elders who discuss problems such as child management encountered by parents and provide direction and assistance (Ima & Hohm, 1991; McInnis, 1991).

The relationship between an immigrant family and its ethnic community must also be considered. For example, certain factions may exist within a community resulting in the marginalization of some families. If this is the case, the ethnic community may exacerbate adaptive problems, instead of providing social support. This example illustrates that cultural communities should not be viewed as homogeneous; immigrants and refugees will have different experiences within their own communities.

Socioeconomic standing is another salient community characteristic. Many immigrants and refugees have low incomes, forcing them to live in neighbourhoods with poor quality housing and where crime rates are often high. In addition, many refugees must rely on welfare which provides a less than adequate standard of living. Poverty, underemployment, and unemployment frequently characterize the cultural community of newcomers. Low socioeconomic status has been identified as a risk factor associated with higher psychopathology in children (Grizenko & Fisher, 1992).

Many of the problems encountered by the members of an immigrant family are in reference to the majority community. The majority community for most immigrants is perceived as white and English speaking, given that most of the individuals having positions of authority and power have these characteristics. As a result, colour is a social factor that can have a profound impact on immigrants' experiences. With regard to colour, a national survey of majority Canadian attitudes toward different ethnic groups has indicated that non-white ethnic groups are less favourably viewed than most white ethnic groups (Berry, Kalin, & Taylor, 1977). Given these attitudes, immigrants and refugees from visible ethnic groups are likely to be the victims of discrimination, and this can have an impact on the extent to which they identify with the majority culture (Lalonde, Taylor, & Moghaddam, 1992). A central element of children's socialization within the

broader community is the school. A number of school characteristics can serve to alleviate or exacerbate children's problems. Protective school characteristics would include the presence of heritage language programs and training of teachers on issues of racism and multiculturalism in the classroom. The demographic representation of immigrant and refugee children and teachers in the school may be associated with feelings of belonging. Finally, it is important to consider the communication between the school and immigrant and refugee parents. Effective communication may be inhibited by factors such as: parents' knowledge, attitudes and expectations of the school system, language barriers, and scheduling difficulties relating to parents' extended work hours. It should be recognized that problems of communication are reciprocal; therefore, the school must be proactive in reaching out to its immigrant and refugee parents.

IMPLICATIONS FOR INTERVENTION, RESEARCH, AND POLICY DEVELOPMENT

Four essential principles emerge from this brief review of the literature on the psychosocial adjustment of immigrant and refugee children. First, children's adaptation to the migration experience must be considered from an ecological perspective in which the child, family, and community are viewed as separate, yet interacting systems. The adaptation of immigrant and refugee children relates to the well-being of their families and the receptivity of the broader communities. Secondly, risk and protective factors reside within each of these systems and it is the combination of these factors that determines children's healthy development. Thirdly, the adaptation of migrant children must be viewed from a developmental perspective, with a consideration of the age of the children at the time of migration and the length of residence in the receiving society. Finally, the psychosocial adjustment of immigrant and refugee children must be conceptualized from the perspective of promoting healthy development, rather than from the perspective of diagnosing disturbance. These principles should be used to direct interventions, research, and policy development relating to immigrant and refugee children and their families.

Primary prevention programs may be provided to groups of children to support healthy development before maladaptive behaviours emerge. These programs may be developed for groups identified at high risk for the development of adverse outcomes in the process of acculturating, such as refugee children from war zones. For example, a preventive intervention provided to unaccompanied adolescent Cambodian refugees has been described involving the use of traditional rituals associated with death and mourning to facilitate acceptance of the enormous grief and turmoil related to the loss of parents and family experienced by these children and to assist them in developing new supportive relationships with foster parents (Williams & Berry, 1991).

Primary prevention programs may also involve the larger community, whose influence on the acculturation process is often overlooked. Children from visible cultural groups are often exposed to racist attitudes and behaviours. Racial prejudice must be acknowledged and confronted with no tolerance for disrespectful treatment of newcomers by school administrators, teachers, or students (London, 1990). Programs have been developed to promote racial acceptance. Providing in-

formation for children about human universals and the similarity of all children may be useful in increasing their understanding and acceptance of those who may appear to be quite different. At the same time a recognition of cultural differences is essential (Taylor & Lalonde, 1987). An understanding of the traditions and histories of newcomers may increase empathy, acceptance, and inclusion by peers.

Intervention at a secondary prevention level should be available when immigrant or refugee children exhibit symptoms that may impede adaptive development. When mental health problems are identified in immigrant and refugee children, intervention should be provided as early as possible. Guidelines for providing services to individuals from diverse backgrounds which emphasize the importance of language and culture in assessment and treatment have been provided (American Psychological Association, 1993). The development of accessible outpatient services that offer a broad range of treatment approaches, well linked to schools and to cultural community groups, has also been recommended (Westermeyer, 1991). The school, as a universal service delivery system, provides an ideal location for outreach workers from the cultural community. Many services to immigrant children and families may be offered: orienting newcomers to the educational environment, orienting academic staff to the culture and experiences of new arrivals, assisting in the assessment of educational experience and expectations, and planning educational and career goals. Prevention of school failure and underachievement requires early involvement to avert problems that could impede learning.

The existing research on immigrant and refugee children and their families emphasizes the multitude of variables related to adaptation that interact simultaneously and over time to produce a range of different acculturation experiences. To advance research in this area, a multidimensional framework with information collected longitudinally from different sources is required. The adoption of a cross-cultural perspective is also critical in order to acknowledge the importance of the original culture to which immigrant and refugee children belong. At the same time researchers must recognize that acculturation is a process of adaptation, not only for newcomers but also for members of the host society (Williams & Berry, 1991). In determining what information to collect, researchers must be aware that most existing measures and inventories have been developed with English-speaking North American or European samples. Although these measures can be translated, this may not increase their relevance or validity for particular cultural groups. The development of new culturally valid inventories that incorporate the meaning and expression of symptoms within a culture, or the unique experiences of acculturating individuals may be necessary. For example, research on the stressful life experiences of immigrant Mexican adolescents used an inventory developed through consultation with Mexican adolescents (Padilla, 1988). Additional research on the adaptive experiences of immigrant and refugee youth that advance knowledge of risk and protective factors in different interacting systems is needed to inform and direct prevention and intervention.

Policy development at a community, national, and international level is critical (Beiser et al., 1988; Williams & Berry, 1991). For children, policies and programs that strengthen multicultural attitudes and knowledge seem particularly relevant. In addition, policies that promote the early acquisition of information about the receiving country by immigrant children may facilitate their adaptation. Finally, it

should be recognized that the concept of family will differ for children cross culturally. It is important to facilitate extended kinship support for children and parents when it is available.

There is an incongruity in the discrepancy between a policy of immigration that appears to welcome people from around the globe and the reality faced by many of the children and their families when they arrive in Canada. There must be a consistency between immigration policy and funding of services directed at newcomer adaptation. Programs that have been put in place to facilitate the acculturation of immigrant and refugee children seem to be eroding in the current fiscal climate when they should be bolstered. Without primary and secondary preventive health strategies for immigrants and refugees at risk, we cannot expect these children and their families to achieve their potential and become active participants in the development of Canadian society.

RÉSUMÉ

Les recherches empiriques récentes sur les enfants d'immigrants et de réfugiés sont ici recensées dans le but d'identifier les problèmes relatifs aux expériences d'adaptation de ces populations. Si tous les enfants immigrants font l'expérience d'un stress associé au changement et à l'adaptation à un nouveau pays, on ne peut toutefois soutenir la prédiction que ce stress va engendrer invariablement des taux plus élevés de problèmes émotionnels ou de comportements dysfonctionnels. La recherche indique plutôt la présence d'une variété d'expériences adaptatrices, avec des résultats découlant d'une combinaison de facteurs de risque et de protection. Les facteurs de risque et de protection sont reliés à trois systèmes en interaction: l'enfant, la famille, et la communauté plus large. Ils sont analysés dans une perspective de prévention et d'intervention.

REFERENCES

- Akoodie, M.A. (1980). *Immigrant students: A comparative assessment of ethnic identity, self-concept and locus of control among West Indian, East Indian and Canadian students*. Unpublished doctoral dissertation. Ontario Institute for Studies in Education, University of Toronto.
- Allodi, F. (1980). The psychiatric effects in children and families of victims of political persecution and torture. *Danish Medical Bulletin*, 27, 229-232.
- Allodi, F. (1980). The children of victims of political persecution and torture: A psychological study of a Latin American refugee community. *International Journal of Mental Health*, 18, 3-15.
- American Psychological Association. (1993). Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. *American Psychologist*, 48, 45-48.
- Anderson, W.W., & Grant, R.W. (1987). *The newcomers*. Toronto: Canadian Scholars Press.
- Aronowitz, M. (1984). The social and emotional adjustment of immigrant children: A review of the literature. *International Migration Review*, 8, 237-257.
- Arroyo, W., & Eth, S. (1985). Children traumatized by Central American warfare. In S. Eth & R.S. Pynoos (Eds.), *Post-traumatic stress disorder in children* (pp. 101-120). Washington, DC: American Psychiatric Press.
- Bagley, C. (1972). Deviant behaviour in English and West Indian school children. *Research in Education*, 8, 45-55.

- Barankin, T., Konstantareas, M., & deBosset, F. (1989). Adaptation of recent Soviet Jewish immigrants and their children to Toronto. *Canadian Journal of Psychiatry*, 34, 512-518.
- Beiser, M., Barwick, C., Berry, J., daCosta, G., Fantino, A.M., Ganesan, S., Lee, C., Milne, W., Naidoo, J., Prince, R., Tousignant, M., & Vela, E. (1988). *After the door has been opened: Mental health issues affecting immigrants and refugees in Canada*. Ottawa: Ministry of Multiculturalism and Citizenship, and Health and Welfare Canada.
- Berry, J.W. (1988). Acculturation and psychological adaptation: A conceptual overview. In J.W. Berry & R.C. Annis (Eds.), *Ethnic psychology: Research and practice with immigrants, refugees, native peoples, ethnic groups and sojourners* (pp. 41-51). Lisse: Swets & Zeitlinger.
- Berry, J.W., Kalin, R., & Taylor, D.W. (1977). *Multiculturalism and ethnic attitudes in Canada*. Ottawa: Ministry of Supply and Service.
- Bhatnagar, J. (1976). Education of immigrant children. *Canadian Ethnic Studies*, 8, 52-70.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U., & Crouter, A.C. (1983). The evolution of environmental models in developmental research. In P. Mussen (Ed.), *Handbook of child psychology* (4th ed., Vol. I, pp. 357-414). New York: Wiley.
- Burke, A.W. (1982). Determinants of delinquency in female West Indian migrants. *International Journal of Social Psychiatry*, 28, 28-34.
- Canada's Immigrants. (1984). Ottawa: Statistics Canada.
- Canadian School Trustees Association. (1989, May). *Scholastic adaptation and cost effectiveness of programs for immigrant, refugee children in Canadian schools*. Unpublished paper.
- Carlin, J.E. (1979). The catastrophically uprooted child. In J.D. Noshpitz (Ed.), *Basic Handbook of child psychiatry* (pp. 290-300). New York: Basic Books.
- Charron, D.W., & Ness, R.C. (1981). Emotional stress among Vietnamese adolescents: A statewide survey. *Journal of Refugee Resettlement*, 1, 7-15.
- Cochrane, R. (1979). Psychological and behavioural disturbance in West Indians and Pakistanis in Britain. *British Journal of Psychiatry*, 134, 201-210.
- Coelho, E. (1988). *Caribbean students in Canadian schools*. Toronto: Caribbean-Canadian Publishers.
- Cummins, J. (1984). *Bilingualism and special education: Issues in assessment and pedagogy*. Clevedon, England: Multilingual Matters.
- Danziger, K. (1971). *The socialization of immigrant children Part I*. Toronto: York University, Institute for Behavioural Research.
- Danzinger, K. (1974). The acculturation of Italian immigrant girls in Canada. *International Journal of Psychology*, 9, 129-137.
- Dreman, S., & Cohen, E. (1990). Children of victims of terrorism revisited. *American Journal of Orthopsychiatry*, 60, 204-209.
- Driver, G. (1979). Classroom stress and school achievement. In V.S. Khan (Ed.), *Minority families in Britain* (pp. 131-146). London: MacMillan.
- Ekstrand, L.H. (1976). Adjustment among immigrant pupils in Sweden. *International Review of Applied Psychology*, 25, 167-188.
- Ekstrand, L.H. (1981). Unpopular views on popular beliefs about immigrant children: Contemporary practices and problems in Sweden. In J. Bhatnagar (Ed.), *Educating immigrants* (pp. 184-213). New York: St. Martins Press.
- Espino, C.M. (1991). The case of Central American children. In F.L. Ahearn & J.L. Athey (Eds.), *Refugee children* (pp. 106-124). Baltimore, MD: Johns Hopkins University Press.
- Feldman, S.S., & Rosenthal, D.A. (1990). The acculturation of autonomy expectations in Chinese high schoolers residing in two western nations. *International Journal of Psychology*, 25, 259-281.
- Friere, M. (1989). *Refugee families and their children*. Toronto: Toronto Board of Education.

- Garmezy, N. (1985). Stress-resistant children: The search for protective factors. In J.E. Stevenson (Ed.), *Recent research in developmental psychopathology* (pp. 598-611). New York: Pergamon Press.
- Graham, P.J., & Meadows, C.E. (1967). Psychiatric disorder in the children of West Indian immigrants. *Journal of Child Psychology and Psychiatry*, 8, 105-116.
- Grizenko, N., & Fisher, C. (1992). Review of studies of risk and protective factors for psychopathology in children. *Canadian Journal of Psychiatry*, 37, 711-721.
- Harding, R.K., & Looney, J.G. (1977). Problems of Southeast Asian children in a refugee camp. *American Journal of Psychiatry*, 134, 407-411.
- Ima, K., & Hohm, C. (1991). Child maltreatment among Asian and Pacific Island refugees and immigrants. *Journal of Interpersonal Violence*, 6, 267-285.
- Immigrants in Canada. (1990). Ottawa: Ministry of Supply and Service.
- Kallarackal, A.M., & Herbert, M. (1976, February 26). The happiness of Indian immigrant children. *New Society*, 422-424.
- Kinzie, J.D., & Sack, W. (1991). Severely traumatized Cambodian children: Research findings and clinical implications. In F.L. Ahearn & J.L. Athey (Eds.), *Refugee children* (pp. 92-105). Baltimore, MD: Johns Hopkins University Press.
- Kinzie, J.D., Sack, W., Angell, R., Clarke, G., & Ben, R. (1989). A three year follow-up of Cambodian young people traumatized as children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28, 501-504.
- Kinzie, J.D., Sack, W., Angell, R., Manson, S., & Rath, B. (1986). The psychiatric effects of massive trauma on Cambodian children, I. The children. *Journal of the American Academy of Child Psychiatry*, 25, 370-376.
- Lalonde, R.N., & Cameron, J.E. (1993). An intergroup perspective on immigrant acculturation with a focus on collective strategies. *International Journal of Psychology*, 28, 57-74.
- Lalonde, R.N., Taylor, D.M., & Moghaddam, F.M. (1992). The process of social identification for visible immigrant women in a multicultural setting. *Journal of Cross Cultural Psychology*, 23, 25-29.
- Leibkind, K. (1986). A sociopsychological perspective on immigrant identity. In L.K. Ekstrand (Ed.), *Ethnic minorities and immigrants in a cross-cultural perspective* (pp. 171-184). Lisse: Swets & Zeitlinger.
- London, C. (1990). Educating young new immigrants: How can the United States cope? *International Journal of Adolescence and Youth*, 2, 81-100.
- Malhotra, M.K. (1991). Some problems of Italian and Spanish families in West Germany. *International Journal of Intercultural Relations*, 15, 183-189.
- McNnis, K. (1991). Ethnic-sensitive work with Hmong refugee children. *Child Welfare*, 70, 571-580.
- Minde, K., & Minde, R. (1976). Children of immigrants: The adjustment of Ugandan Asian primary school children in Canada. *Canadian Psychiatric Association Journal*, 21, 371-381.
- Nicol, A.R. (1971). Psychiatric disorder in the children of Caribbean immigrants. *Journal of Child Psychology and Psychiatry*, 12, 273-287.
- Offord, D., Boyle, M., & Racine, Y. (1990). *Ontario child health study: Children at risk*. Toronto: Queen's Printer.
- Padilla, A.M. (1988). Life experiences, stress and adaptation of immigrant adolescents. In J.W. Berry & R.C. Annis (Eds.), *Ethnic psychology: Research and practice with immigrants, refugees, native people, ethnic groups and sojourners* (pp. 135-146). Lisse: Swets & Zeitlinger.
- Pepler, D., & Lessa, I. (1993). The mental health of Portuguese children. *Canadian Journal of Psychiatry*, 3, 46-50.
- Porte, Z., & Torney-Purta, J. (1987). Depression and academic achievement among Indochinese refugees and unaccompanied minors in ethnic and non-ethnic placements. *American Journal of Orthopsychiatry*, 51, 536-547.
- Pynoos, R.S., & Eth, S. (1984). The child as witness to homicide. *Journal of Social Issues*, 40, 87-108.

- Rae-Grant, N.I., Thomas, H., Offord, D.R., Boyle, M.H. (1986). *Risk, protective factors and the prevalence of behavioral and emotional disorders in children and adolescents*. Unpublished manuscript.
- Ressler, E.M., Boothby, N., & Steinbock, D.J. (1988). *Unaccompanied children*. New York: Oxford University Press.
- Rosenthal, D.A. (1984). Intergenerational conflict and culture: A study of immigrant and non immigrant adolescents and their parents. *Genetic Psychology Monographs*, 109, 53-75.
- Rosenthal, D.A., Demetriou, A., & Efklides, A. (1989). A cross-national study on the influence of culture on conflict between parents and adolescents. *International Society for the Study of Behavioural Development*, 12, 207-219.
- Rosenthal, D.A., & Feldman, S.S. (1992). The nature and stability of ethnic identity in Chinese youth. *Journal of Cross Cultural Psychology*, 23, 214-227.
- Rosenthal, D.A., Moore, S.M., & Taylor, M.J. (1983). Ethnicity and adjustment: A study of the self-image of Anglo, Greek, and Italian working class adolescents. *Journal of Youth and Adolescence*, 12, 117-135.
- Rousseau, C., Corin, E., & Renaud, C. (1989). Conflit armé et trauma: une étude clinique chez des enfants réfugiés latino-américains. *Canadian Journal of Psychiatry*, 34, 376-383.
- Rumbaut, R. (1991). The agony of exile: A study of the migration and adaptation of Indochinese refugee adults and children. In F.L. Ahearn & J.L. Athey (Eds.), *Refugee children* (pp. 53-91). Baltimore, MD: Johns Hopkins University Press.
- Rutter, M. (1983). Stress, coping, and development: Some issues and some questions. In N. Garmezy & M. Rutter (Eds.), *Stress, coping, and development in children* (pp. 1-42). New York: McGraw Hill.
- Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57, 317-331.
- Rutter, M., Yule, W., Berger, M., Yule, B., Morton, J., & Bagley, C. (1974). Children of West Indian immigrants—I. Rates of behavioral deviance and psychiatric disorder. *Journal of Child Psychology and Psychiatry*, 15, 241-262.
- Sack, W.H., Angell, R.H., Kinzie, J.D., & Rath, B. (1986). The psychiatric effects of massive trauma on Cambodian children. II. The family, home and school. *Journal of American Academy of Child Psychiatry*, 25, 377-383.
- Schwarzer, R., Bowler, R., Rauch, S. (1986). Psychological indicators of acculturation: Self-esteem, racial tension, and inter-ethnic contact. In L.H. Ekstrand (Ed.), *Ethnic minorities and immigrants in a cross-cultural perspective* (pp. 210-229). Berwyn: Swets N.A.
- Selye, H. (1979). *The stress of life*. (Rev. ed.). New York: McGraw Hill.
- Sokoloff, B., Carlin, J., & Pham, H. (1984). A five year follow-up of Vietnamese refugee children in the United States. *Clinical Pediatrics*, 23, 565-570.
- Soto, M. (1987). West Indian child fostering: Its role in migrant exchanges. In C.R. Sutton & E. Chaney (Eds.), *Caribbean life in New York City: Sociocultural dimensions* (pp. 131-149). New York: Center for Migration Studies.
- Taft, R. (1979). A comparative study of the initial adjustment of immigrant school children in Australia. *International Migration Review*, 13, 71-80.
- Taylor, D.M., & Lalonde, R.N. (1987). Ethnic stereotypes: A psychological analysis. In L. Driedger (Ed.), *Ethnic Canada: Identities and inequalities* (pp. 347-373). Toronto: Copp Clark Pitman.
- Touliatos, J., & Lindholm, B.W. (1980). Behavioral disturbance in children of native born and immigrant parents. *Journal of Community Psychology*, 8, 28-33.
- Tsoi, M., Yu, G., & Lich-Mak, F. (1986). Vietnamese refugee children in camps in Hong Kong. *Social Science and Medicine*, 23, 1147-1150.
- Verkuyten, M. (1988). General self-esteem of adolescents from ethnic minorities in the Netherlands and the reflected appraisal process. *Adolescence*, 23, 861-871.
- Weinreich, P. (1979). Ethnicity and adolescent identity conflicts. In V.S. Khan (Ed.), *Minority families in Britain* (pp. 89-108). London: MacMillan Press.

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- Weinreich, P. (1986). Identity development in migrant offspring: Theory and practice. In L.H. Ekstrand (Ed.), *Ethnic minorities and immigrants in a cross-cultural perspective* (pp. 230-239). Lisse: Swets & Zeitlinger.
- Westermeyer, J. (1989). *Mental health for refugees and other migrants: Social and preventive approaches*. Springfield, IL: Charles C. Thomas.
- Westermeyer, J. (1991). Psychiatric services for refugee children: An overview. In F.L. Ahearn & J.L. Athey (Eds.), *Refugee children* (pp. 127-162). Baltimore, MD: Johns Hopkins University Press.
- Williams, C.L., & Berry, J.W. (1991). Primary prevention of acculturative stress among refugees. *American Psychologist*, *46*, 632-641.
- Williams, C.L., & Westermeyer, J. (1983). Psychiatric problems among adolescent Southeast Asian refugees. *Journal of Nervous and Mental Disease*, *171*, 79-85.