



## Meeting The Needs of Latino Youth: Part II: Resilience

**Protective factors** are characteristics statistically associated with a *decrease* in vulnerability to a health risk – in this case violence. Risk factors are characteristics statistically associated with an *increase* in health risk. **Resilience** is the ability of individuals to remain healthy even in the presence of risk factors. Prevention – for groups and individuals alike – is largely a matter of increasing protective factors and decreasing risk factors in the lives, families, and environments of those at risk. This publication focuses on the specific protective factors that can contribute to reducing violence among Latino youth. *Meeting the Needs of Latino Youth: Part I: Risk* explores the risk factors at work in this population.

### *Latino and Hispanic*

*Latino* and *Hispanic* are generic terms for persons of Latin American origin or descent living in the United States. Most U.S. government publications (including those produced by the U.S. Census Bureau and the Youth Risk Behavior Survey System) use the term *Hispanic*. However, the term *Latino* is gaining acceptance in describing those from or with roots in Mexico, Central America, South America, and the Caribbean, many of whom descend from indigenous Indians and Africans, as well as people who came to the New World from Spain and Portugal. This publication will use the term *Latino*.

Far too often, researchers focus on risk factors while neglecting the protective factors that can play a key role in protecting young people and society from social ills such as violence. The American Psychological Association report *Violence and Youth: Psychology's Response* identified the importance of considering protective factors when designing prevention activities.

*Social forces such as prejudice, economic inequality, and attitudes toward violence in mainstream American culture interact with the influences of early childhood to foster the expression of violence. Not everyone affected by these forces, however, turns to violence. In some cases, for example, forces within the child's ethnic culture may serve as a buffer against adverse social circumstances. Culture builds identity, sets norms for behavior, and provides a sense of group cohesion that is vital to a child's growth and development. A promising area for intervention efforts is in identifying and strengthening the protective factors that keep the vast majority of youth from turning to violence as a response to social conditions (American Psychological Association, 1993).*

The health and safety of Latinos is a growing concern as they become a progressively larger portion of the U.S. population. Prevention practitioners may find that some of their most important allies in developing effective prevention programs for Latino youth are aspects of the traditional Latino culture brought to the United States by these young people and those who immigrated before them.

## Core Cultural Values Across Latino Communities

The Latino heritage is a rich and diverse mixture of Spanish, Portuguese, European, African, and Native American cultures. This heritage is not monolithic. Latino culture in the United States varies not only by country of origin, but by regions and ethnicities within those countries. Yet, there are some common values among many cultural heritages. Some of these core values are protective factors in Latino communities – roles that can be used to great effect when designing or implementing violence prevention programs in Latino communities.

Research points to a core set of values shared by many Latino cultures. These are *familismo*, *colectivismo*, *respeto*, and *personalismo*. Ongoing studies of delinquent Latino youth suggest that there may be protective and risk-enhancing dimensions to these values, which must be considered when developing violence prevention initiatives for Latino youth, families, and communities (Hill et. al. 1994; Soriano, 1994).

***Familismo:*** The Latino family has been called the "great untapped resource" by health practitioners and researchers (Espinosa 1998). It differs from the Anglo-American conception of "family in which the distinction between the immediate and extended family is more clearly drawn. The Latino family is a support system for all members, providing emotional and material support and behavioral referents. The culture traditionally values maintaining good relations with family members, caring for infirm relatives, and placing family needs above individual needs. *Familismo* has been suggested as a protective factor that helps Latinos reduce their risk for such health hazards as HIV infection and cancer caused by tobacco use (Delgado, 1995).

Although *familismo* may keep Latino youth from being unduly influenced by delinquent youth groups, such as gangs, it may also serve as a risk factor that draws them to such groups. In families where there is instability or dysfunction, gangs and delinquent groups can serve as surrogate families (Soriano, 1995).

Programs such as Avance (<http://www.avance.org/main.html>), one of the first comprehensive community-based family support and education programs for low-income Latinos, use and channel the power of families, and especially of mothers, providing them with the parenting skills that lead to substantially increased levels of academic success, as measured by high school graduation and college enrollment. Avance now operates 10 programs in Texas and one in Los Angeles, California.

***Colectivismo:*** Latino concepts of family extend to their view of community, their role in the community, and their preference to belong to and work in groups. Latino communities tend to be tightly knit (Delgado, 1995). Members of the community rely on and interact with one another in much the same way that Anglo-Americans regard their extended families.

Research literature on Latino students, especially Mexican Americans, suggests that these youth do best when allowed to cooperate with other students, especially in setting goals. This behavior stands in marked contrast to that of their more individualistic Anglo-American peers (Vazquez, J. 1998). Gang and youth violence prevention and intervention programs, such as Barrios Unidos (<http://bu.giip.org>) in Santa Cruz, California, recognize the potential strength of the cooperative/collectivist ethos among Latino youth and the power of a positive peer group in working toward peaceful neighborhoods.

Barrios Unidos provides opportunities for many out-of-school, gang-involved youth to participate in setting community goals and training to be grassroots organizers and violence prevention educators in their communities. Barrios Unidos has also collaborated with the California Board of

Education to create the Cesar Chavez School for Social Change, an alternative high school in which incoming students are viewed as leaders who have a collective and personal responsibility to the school, their families, the larger community, and other Latino youth. The Barrios Unidos approach to community health promotion, education, employment, and leadership contrasts with other more prevalent approaches that are often developed in isolation from peers and in more individualistic or competitive settings.

**Respeto:** The value of *respeto* places great social worth and bestows ultimate decision-making power on authority figures, such as parents, elders, civic leaders, teachers, and law enforcement and other government officials. Although not directly studied in its relationship to violence, this value can be either a protective or risk factor because it can be conferred onto positive or negative leaders.

The turbulent period of adolescence can be especially difficult for Latino parents, particularly for those who have recently arrived, because of the language and institutional barriers that often make parents dependent on their children to intervene on their behalf. This role reversal, placing children in positions of power and in the role of interpreters of the American world, can have a disorganizing impact on Latino families (Szapocznik, 1995).

The Concerned Parents National Demonstration Project is a primary prevention effort that explicitly draws on *respeto*, mutual aid, self-help, and the concept of *la familia* to reach Mexican-American, Puerto Rican, Cuban, and Central and South American populations. The project, which was developed by the National Alliance for Hispanic Health (<http://www.hispanichealth.org>) used a community-wide parent-oriented and family-oriented model that stressed volunteer action. The project's premise is that the most effective means of preventing adolescent problem behaviors is to strengthen families by supporting parents as natural family leaders.

The project developed *Strengthening Families*, a parent education curriculum using the concept of mutual respect (an adaptation of *respeto*) to help bridge the conflict between "traditional" and "modern" approaches to parenting. Traditionally, *respeto* generally applies to adults, especially to elders. This curriculum stresses the idea that relationships with children and teenagers should also be based on respect for their ideas, their contributions, and their worth.

**Personalismo:** Latino culture places great value on interpersonal relationships, considering them more important than status or material gain. Health researchers have noted that Latinos traditionally turn to their families and communities for help and advice. They prefer to deal with health problems by consulting those with whom they have personal relationships developed over time, people who know their life situations and problems and who are perceived by the seeker of care to have a genuine interest in the total person. This element of *personalismo* is important to Latino patients (Delgado, 1995).

However, *personalismo* has the potential "to pre-empt Hispanics from seeking professional care from institutions that have not served them well and are not trusted" (Delgado, 1995). The comparatively distant impersonal nature of American health care institutions is a frequent barrier to Latino preventive health care. In seeking to counteract this relative lack of *personalismo*, La Mariposa Community Health Center (<http://mchc.salu.net>) in Nogales, Arizona, works with *promotoras de salud* (women from the community trained as health promoters) to bridge the gap between Latinos and the medical community.

With support from the Arizona Department of Health and Human Services and the Maternal and Child Health Bureau, the *promotoras* provide health education, referral to needed services, and patient advocacy with a holistic, family-centered approach, translating language, medical concepts, and terminology for their patients. The *promotoras* reach clients in nontraditional

locations – homes, laundromats, factories, churches, and shopping malls – via nontraditional *platicas* (health chats). Clinic services include a Teen Talk line, where Latino adolescents can obtain support, assistance, and counseling on a variety of health issues, including violence prevention.

## Prevention Programs for Latino Youth

When developing effective violence prevention programs for Latino youth, prevention professionals need to consider an approach to Latino violence prevention that includes elements that are general to all youth and to Latinos as a whole, as well as elements that are specific to the history, needs, and strengths of the particular Latino youth subgroups being served. Programs can incorporate the unique circumstances of Latino youth, communities, and families, capitalizing on the strengths of their culture while addressing the particular challenges they face.

There is no such thing as a generic Latino youth. Varying levels of Spanish language usage, different cultural traditions and values, perceived and actual patterns of discrimination, degrees of political organization, and social and economic dislocation among Latino subgroups must be considered when designing a violence prevention program for Latino youth. Overlooking these factors can stereotype community members and their needs, waste valuable resources by designing inappropriate prevention efforts, and inadvertently neglect of the needs of specific groups in the community. Preventive and remedial intervention services need to include all Latino adolescents and their families, including migrants and parents who work nontraditional shifts, and family members, regardless of whether they are American citizens.

Ethnic, racial, and class disparities among Latino adolescents appear to mirror those encountered by the adults and children in the Latino community. Adolescent prevention programs must aim to alter the more general risk and causal factors in high-risk communities (Hawkins, 1996).

Latino youth violence prevention and intervention programs need to address factors that can increase school retention and enrich the academic experience. School-based health centers offer unique opportunities to reach Latino youth, addressing the health-compromising consequences of violence while providing needed health services. Other school-based efforts include Aspira's Florida program, which uses school-based clubs to teach gang and violence prevention education, leadership skills, cultural pride, and community service. Aspira also uses an academic enrichment curriculum and promotes the development of full-service schools for Latino youth. Aspira's work in health education is assisted by an extensive network of clinics and other medical facilities linked to Miami health and mental health centers, where Spanish is routinely spoken.

Community-based alternative education and community service organizations are important sites for program delivery. These agencies can assist in developing culturally sensitive violence prevention approaches to reach youth who have dropped out of school. Street outreach and peer recruitment efforts are also important as a means of reaching out-of-school, highly mobile, high-risk youth who are not involved with community-based organizations. Job training programs and work sites are other potential partners in violence prevention initiatives, as many Latino youth leave school in order to work.

Prevention approaches for Latino adolescents appear to work best when they take into account the level of cultural integration or biculturalism of the adolescents targeted. An understanding of the kinds of social situations faced by Latino adolescents, whether these situations present conflict and, if so, the nature of those conflicts, and what skills and/or supports are needed to maintain healthy social functioning is critical for program development (Galen, 1998). Research

has shown that family-focused and peer-based health promotion programs are the most successful way to address adolescent health issues in Latino communities (Delgado, 1995).

Another critical element is the presence of bilingual and bicultural staff, as indicated by a national survey of adolescent pregnancy prevention programs (Coalition of Spanish Speaking Mental Health Organizations, 1993). Studies indicate that the quality of care afforded to Spanish-speaking patients and their willingness to comply with treatment is improved by having a health care provider that speaks their language and understands their culture (Coalition of Spanish Speaking Mental Health Organizations, 1991).

A carefully selected and representative community advisory board comprised of a good cross-section of the Latino community can be an invaluable ally and can provide information not readily available to those not members of the particular Latino community in which they are working. As local intermediaries, the advisory board members understand the context in which the intervention is carried out and can inform practitioners about the unique aspects of Latino populations, the kinds of situations faced by Latino youth, cultural considerations, and existing community institutions.

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This prevention brief is based on *Youth Violence Prevention In Latino Communities: A Resource Guide For MCH Professionals*, a publication developed by the Children's Safety Network and funded by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

April 2004