The Latin@ Paradox: the role of acculturation + ethnic identity

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Today

- Impact of acculturation + ethnic Identity
- Group and sub-group risks factors
- Group and sub-group protective factors
- IPV among Latinas and non-Latina whites
- Cultural competent care associated with good outcomes
Diversity among Latin@s

• 40.4 Million or 13.9% of the U.S. population
  – Mexican origin 63%
  – Puerto Rican 10%
  – Central American 7%
  – South American 5%
  – Cuban 4%
  – Other 8%
  – 11.1 Million Undocumented

Diversity Among Latin@s

- Median Age
  - All Hispanics: 25
  - Non-Hispanic Whites: 36
  - Half of population growth since 2000

Acculturation Characteristics

– As a whole—lowered levels of acculturation + household income

– Sub-groups
  • Puerto Ricans: Born in the U.S., live SE
  • Mexicans: Lowest income, live West
  • Cubans: Highest income levels
  • Other Latino sub-groups: Resemble the demographics of Mexicans

Ethnicity as a protective factor:
Prevalence of psychiatric Dx + risk for IPV

- Latin0s report lower prevalence than non-Latino whites—except agoraphobia w/o panic dx
- 29.7% lifetime disorder for Latinos compared to 43.2% of non-Latino whites
- Substance Dxs: 11.2% prevalence for Latinos compared to 17.7% for non-Latino whites
- Lowered risk of IPV threat than non-Latino white

Ethnicity: Disadvantages

- Latinos more likely to report drinking + driving when compared to non-Latino whites
- No leisure-time physical activity
- Poor or fair health status
- No health care coverage

Alegria et al., (2008); SAMHSA, 1998a; Yang et al., (2009)
Prevalence of psychiatric Dx: By four major ethnic groups

- Lifetime dx rate: Puerto Rican 37.4%; Mexicans 29.5%; Cubans 28.2%; other Latinos 27%
- All suffer depression about the same rate
- Anxiety—Range from 21.7% for Puerto Ricans to 14.1% for others Latinos

Alegria et al., (2008)
Prevalence compared by ethnicity + place of birth: Aggregated

- U.S.-born Latinos are at sig higher risk than immigrant Latinos for:
  - MDD: 19.8% vs 14.8%
  - PTSD: 5.9% vs 4.%
  - Any anxiety dx: 18.9% vs 15.2%
  - Any substance dx: 20.4% vs 7%
  - Any dx: 37.1% vs 24.9%
  - U.S. born non-Latino whites reported higher rates of dxs compared to U.S. born Latinos

Alegria et al., (2008)
Mexican immigrants report significantly lower prevalence of any depressive, anxiety, substance dx, and any other dx compared to U.S.-born Mexicans (when immigration took place at or after age of 13).

This is also true for Caribbean people (mood + anxiety dxs)

Among Cubans and other Latino subjects, birth outside of the U.S. only protective against substance dxs

Alegria et al., (2008); Breslau et al., (2009)
The Ten Commandments of Marianismo:

No Sacrifice is too Excessive for the Latin American Woman.—Evelyn Stevens

1. Don’t forget the place of the woman
2. Don’t give up your traditions
3. Don’t be an old maid, independent, or have your own opinions
4. Don’t put your needs first
5. Don’t wish anything but to be a house wife
The Ten Commandments of Marianismo:

No Sacrifice is too Excessive for the Latin American Woman.—Evelyn Stevens

6. Don’t forget sex is to make babies, not pleasure

7. Don’t be unhappy with your man, no matter what he does to you

8. Don’t ask for help

9. Don’t discuss your personal problems outside the house

10. Don’t change
Factors associated with IVP among Latinas

• Younger
• Less educated
• More economically disadvantaged
• Having children in the home
• Earning more than their partners
• Hx of childhood sexual abuse increases changes of re-victimization
Latinas: Prevalence of IPV**

• Latinas vs non-Latina women:
  
  – 44.6% vs 44% lifetime
  
  – 20.1% vs 14.5% past 5 years
  
  – 11.5% vs 7.8% past year

Bonomi et al., (2009)
** not statistically significant
Latinas: Prevalence of physical + psychological lifetime IPV

- Latinas vs non-Latina women:
  - 38.8% vs 34% physical
  - 37.4% vs 35.3% psychological

Bonomi et al., (2009)
Latinas: Lifetime IPV + prevalence of depression

- More than 2 times higher; more physical sx
- Significantly worse health than non-Latinas

- Mental health
- Vitality
- Emotional functioning

Bonomi et al., (2009)
Principles of competent care

1. Integrated treatment

2. Screening, Assessment + Individualized treatment planning
   1. Dynamics of oppression
   2. Gender
   3. Age
   4. Ethnicity
   5. SES

3. Cultural Context

Principles of competent care

4. Interview strategies: congruent with a woman’s personal, familial, and social realities

5. Structural and cultural factors that may facilitate or hinder the detection of IPV

6. Screen for childhood abuse

7. Assess psychological consequences

Screening

• Have you ever been in a relationship where you have felt controlled by your partner?

• Have you ever been in a relationship where you have felt lonely?

Wrangle et al. 2008.
Latin@ Culturally Competent Care

- Strong Family Orientation
- High value placed on children + fertility by many more traditional Latinas
- Strategies based on different levels of acculturation
  - Simpatía (Congenial): Loosely translated
  - Personalismo (Personalism)
  - Machismo + Marianismo
  - Verguenza (Shame)

The “Best” Assessment Tool
• The immigrant paradox—i.e., immigrants have lower risk than would be predicted by their socio-economic position—is limited. It applies for some groups and not others and only for those that arrived in the U.S. after the age of 12.
• More similarity than differences between Latinas’ and non-Latina whites’ experiences with IPV; yet, IPV must be understood within the context of a group’s situation within our society.