



Characteristics of Risk, Maltreatment, and Mental Health Needs Among Latino Children of Immigrants in the Child Welfare System

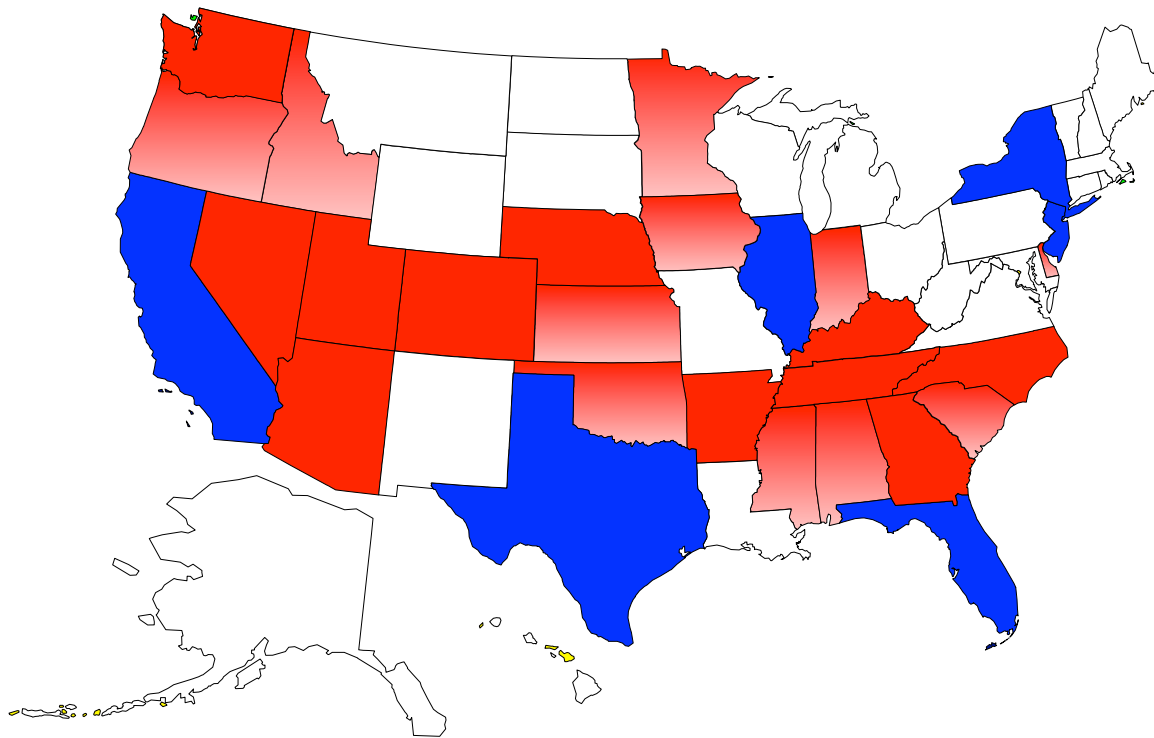
23rd Annual Latino Family Institute, Illinois Department of Children and Family Services

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Latino Immigrants in the United States

- Latinos represent the largest and fastest growing ethnic group in the United States.
- Among Latinos in the U.S., nearly 40% are foreign-born.¹
- Children of immigrants represent 23% of all children living in the U.S. (increased from 13% in 1990).²
- Among Latino children, more than half (52%) are U.S.-born children of Latino immigrants.³

Migratory Trends: Immigrant Population Growth



Immigration Destination Categories

- 6 Main Destination States (67% of Immigrants in 2000)
- 22 New Growth States (1990-2000 > 91%)
- Top 10 Growth States 1990-2000 (135-274%)

Latino Children in Child Welfare

- Since 1995, the percentage of Latino children confirmed as victims of maltreatment has more than doubled from 10.0% to 20.8% as of 2008.^{5, 6}
- Similarly, the population of Latino children in foster care has more than doubled from 8% in 1990 to 20% in 2008.⁷
- While comparably represented at the national level, Latino children were overrepresented in 19 states as of 2006.⁸

Latino Immigrant Children and Child Welfare

- Children of immigrants are often considered at increased risk for maltreatment due to stress associated with immigration and acculturation.^{9, 10}
- Sources of risk include financial challenges, loneliness, isolation, language difficulties, fear, hopelessness, along with the loss of previously established community and social support systems.^{11, 12}
- The presence of children of immigrants in the child welfare system is unknown, as these data are not collected uniformly at the state or national level.¹³
- As a result, little is known about the characteristics, risk factors, incidence of maltreatment, or service use among children of immigrants who come to the attention of this system.¹³

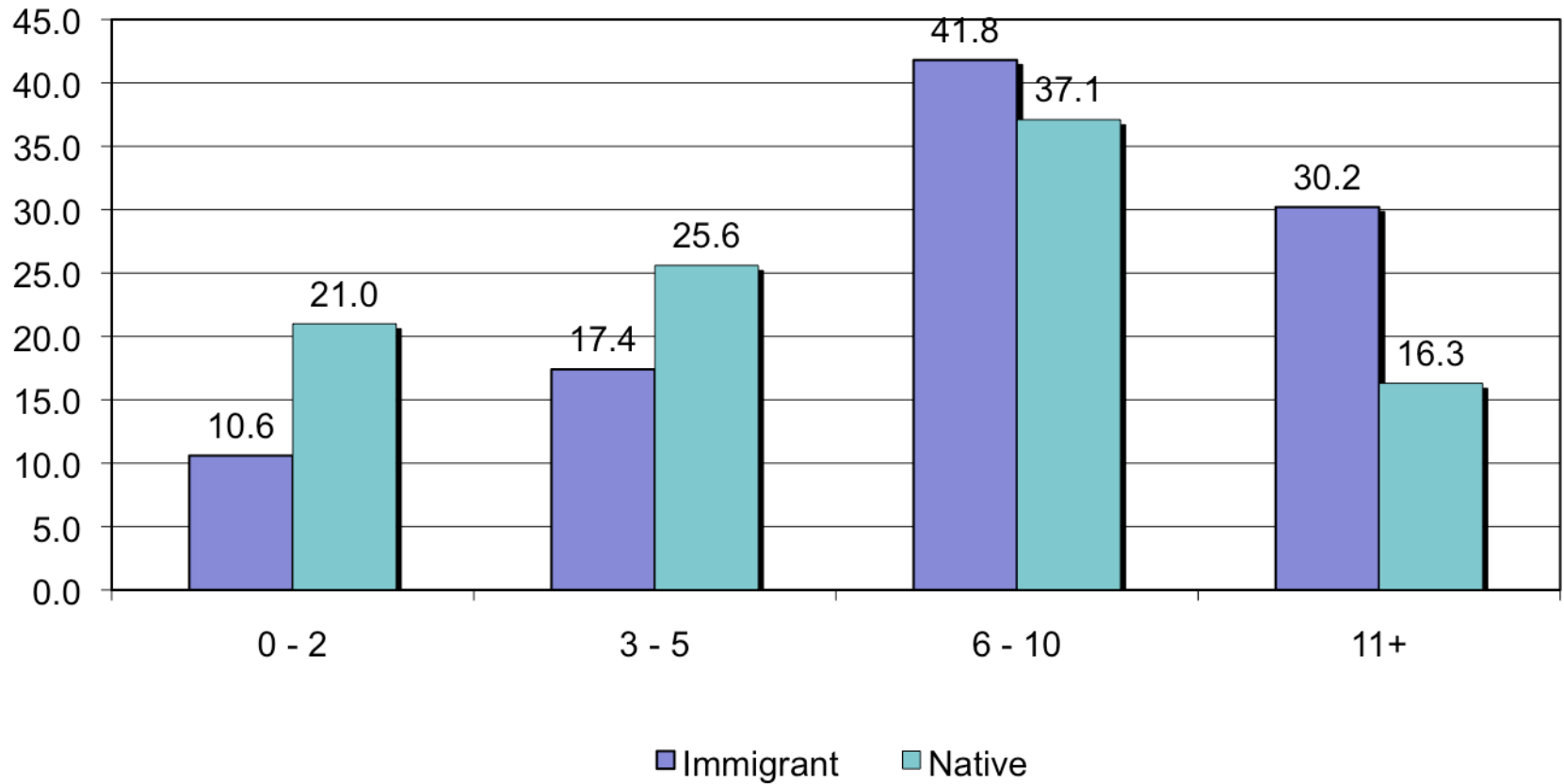
Analyses of the National Survey of Child and Adolescent Well-being (NSCAW)

- NSCAW is a nationally representative sample of children who come to the attention of the child welfare system
- Used a two-stage stratified sample designed to yield national population estimates
- 5,501 children (0-14) involved in an investigation or assessment of maltreatment selected from child welfare agencies
- Current analyses are restricted to children living with a biological parent (n=3,717), then to children identified as Latino (n=636)

Involvement with the Child Welfare System

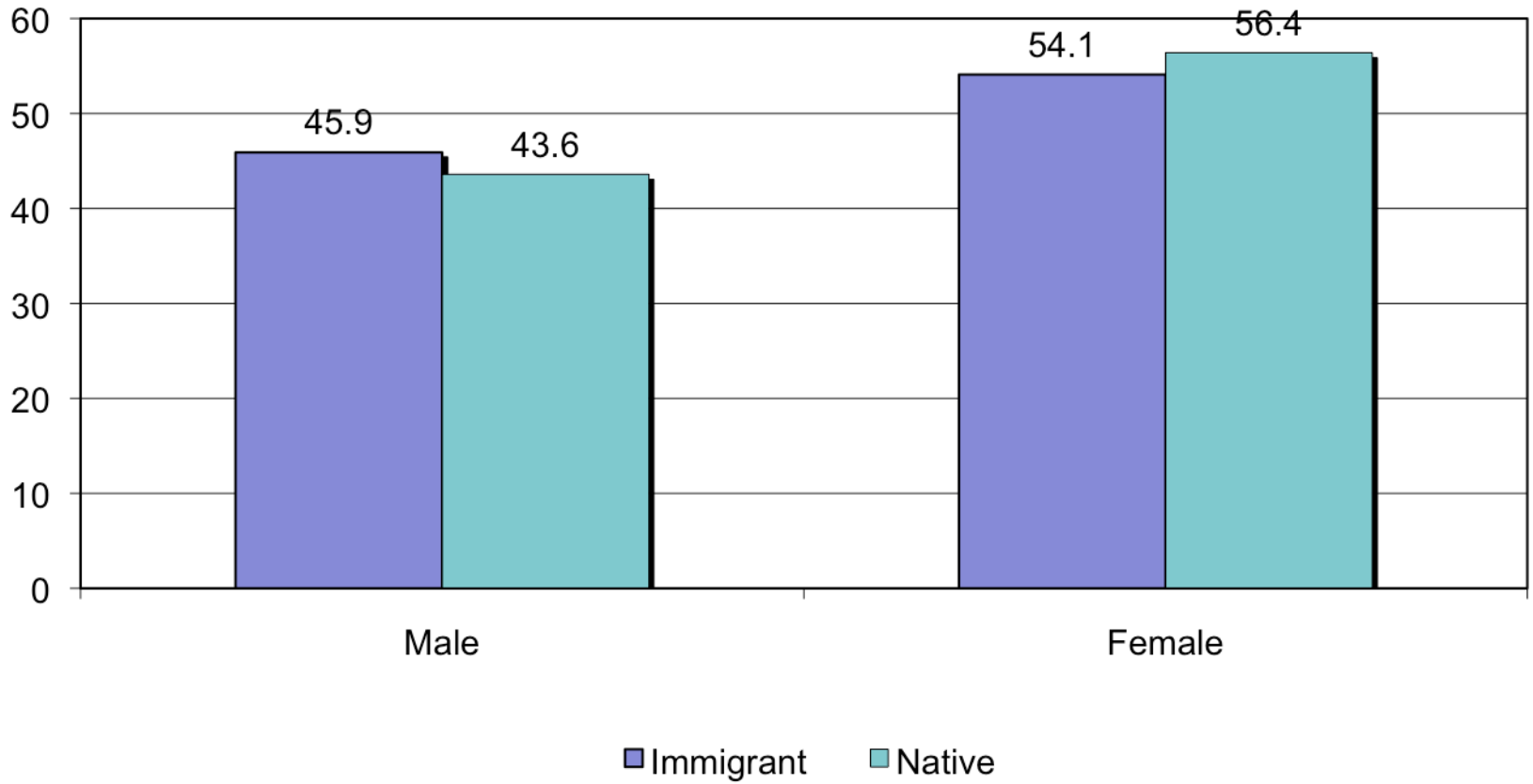
- Among Latino children who come to the attention of the child welfare system
 - 64% have parents born in the U.S.
 - 36% have at least one parent not born in the U.S.
- Children of Latino immigrants comprise 5.2% of all children who come to the attention of child welfare agencies
- Nearly 4 out of 5 (79.6%) are U.S. born citizens

Child Age*

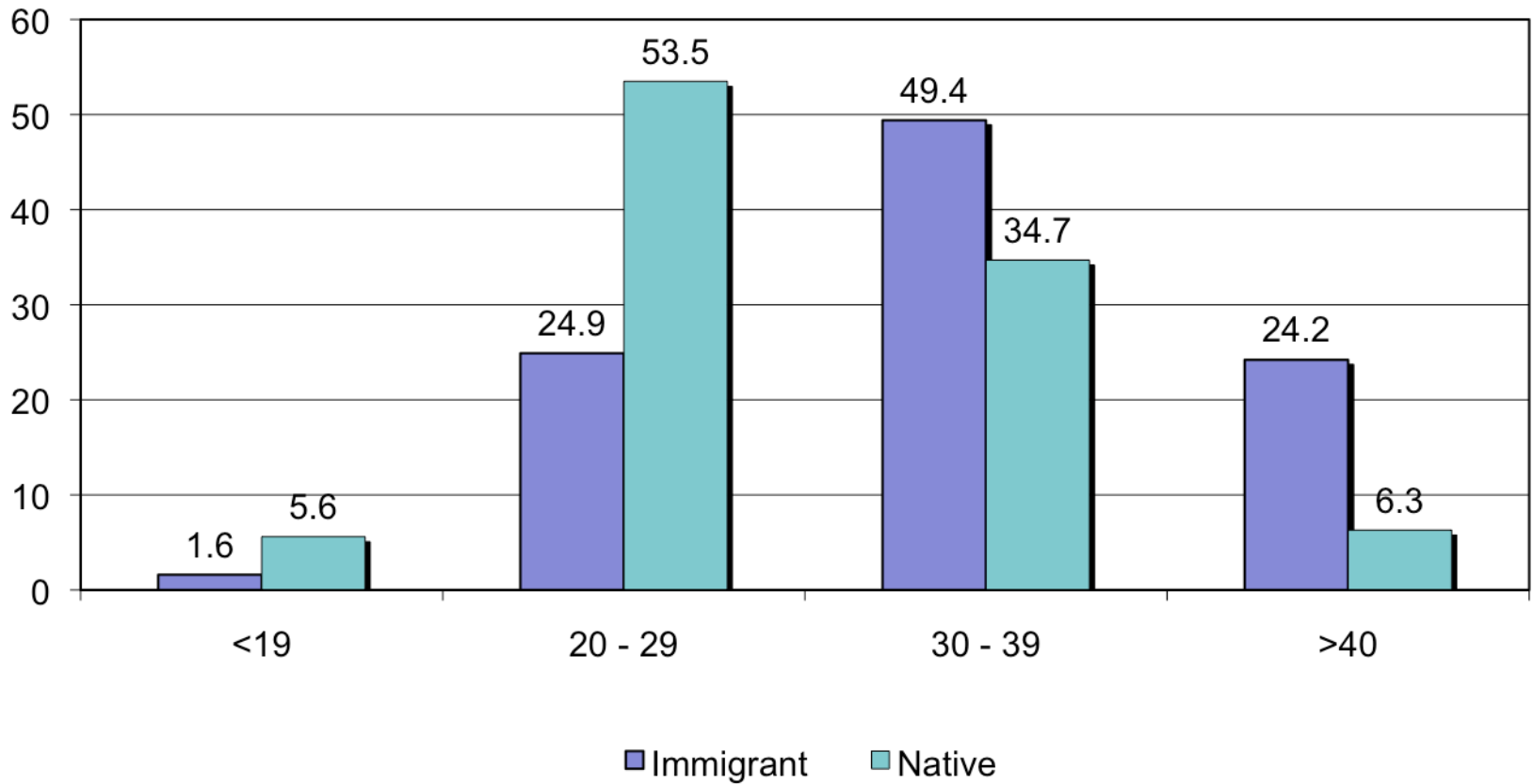


*Significant difference at 95% confidence level

Child Gender

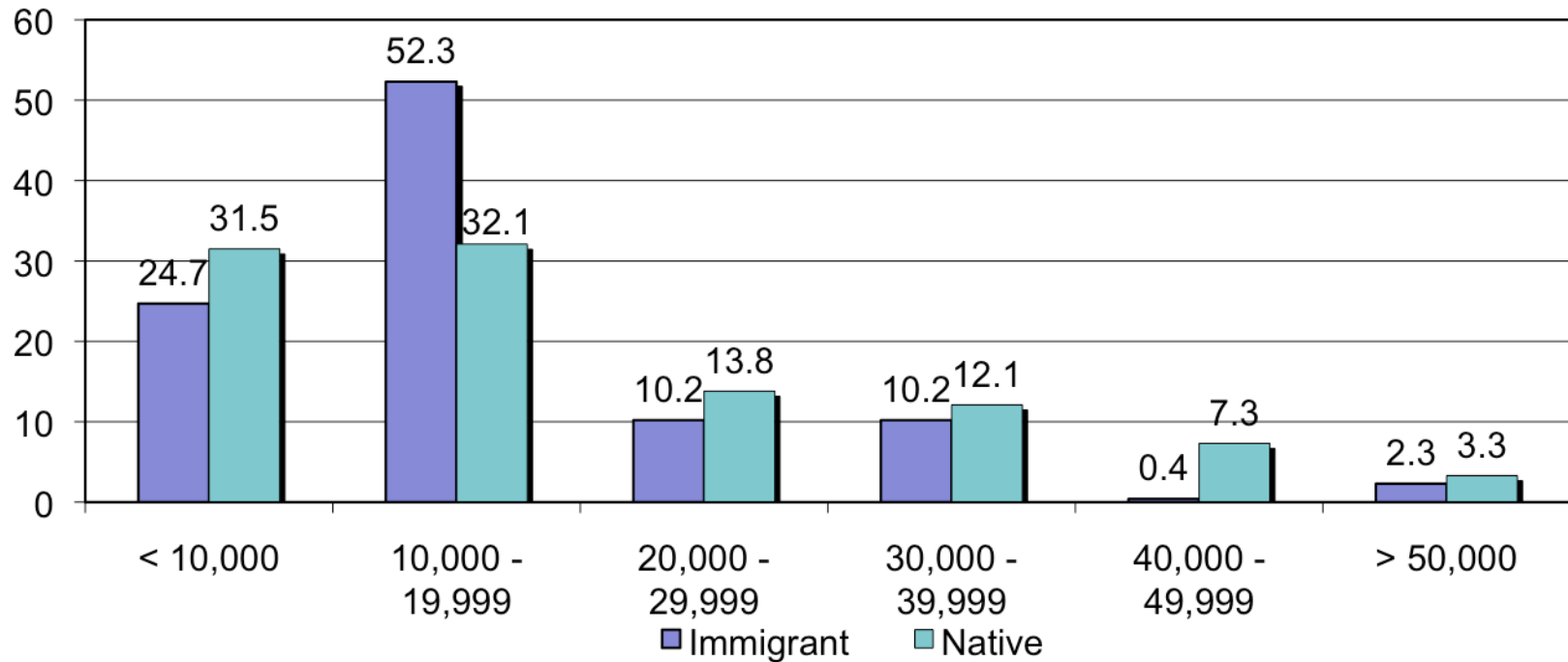


Caregiver Age



*Significant difference at 95% confidence level

Income Level*



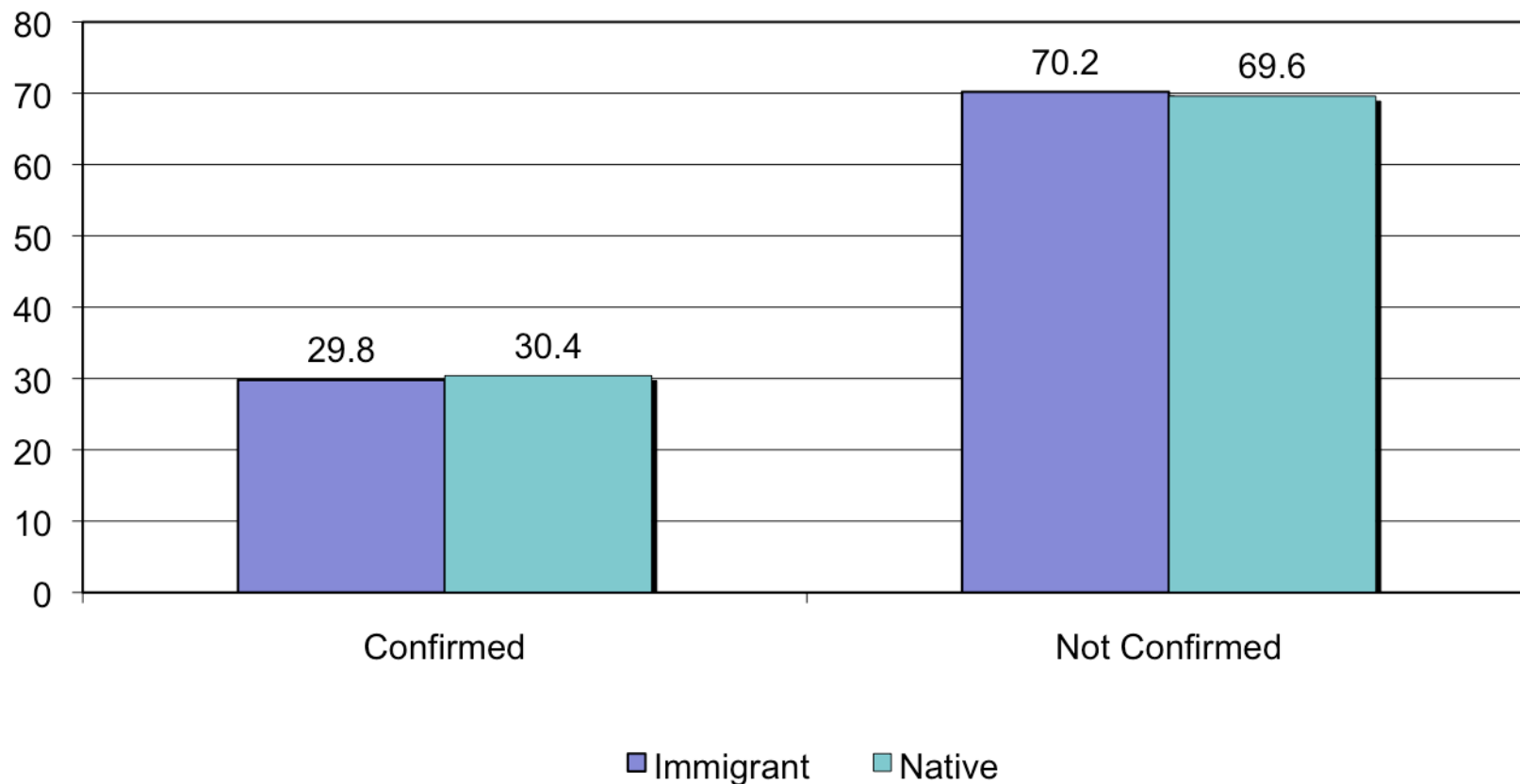
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Other Household Characteristics

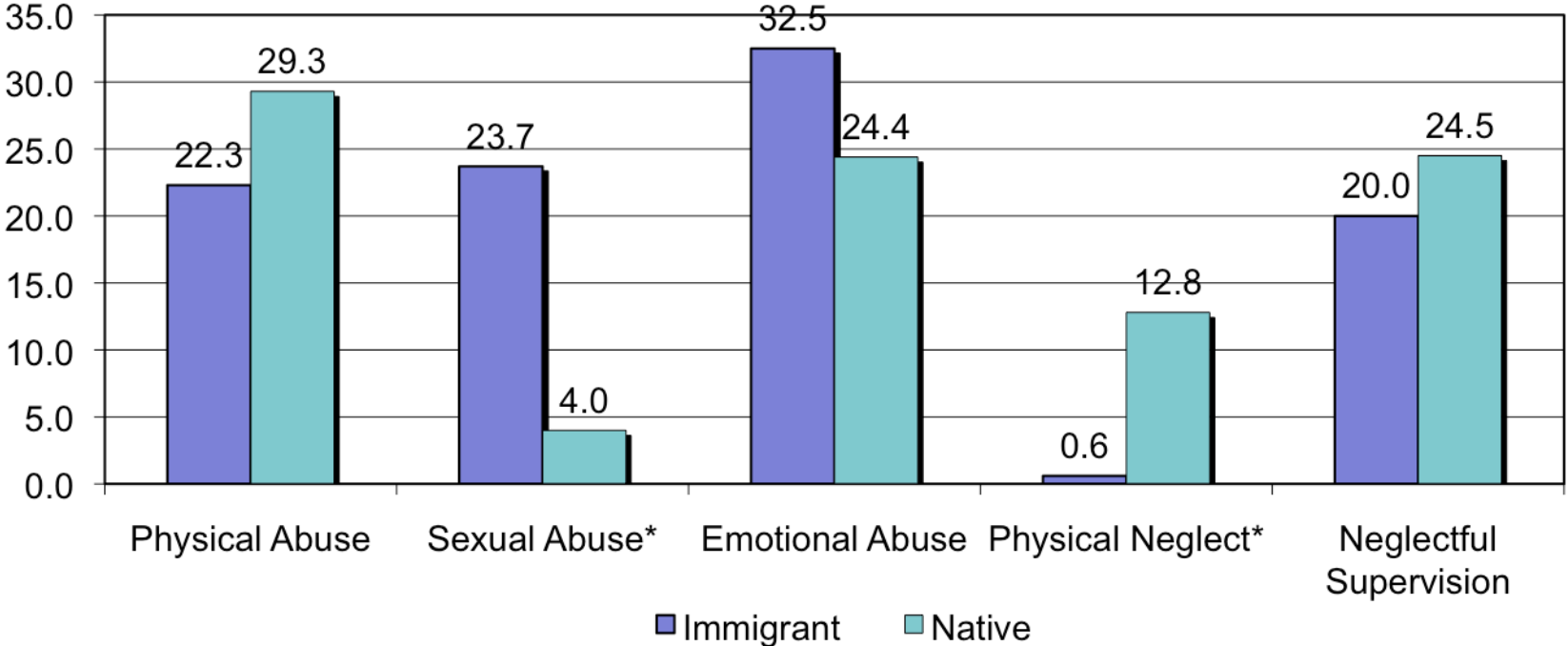
	Native Parent	Immigrant Parent
Biological father present in home*	18.6	40.6
Additional supportive caregiver*	37.8	57.3
Change of primary caregiver in past 12 months*	12.9	2.3
Language other than English spoken in home	37.5	48.7
Comfortable speaking English*	98.0	84.5

*Significant difference at 95% confidence level

Outcome of Maltreatment Investigations



Substantiated Maltreatment



*Significant difference at 95% confidence level

Parent and Family Risk Factors

	Native Parent	Immigrant Parent
Active alcohol abuse	11.3	12.9
Active drug abuse	12.7	2.3
Serious mental health or emotional problem	7.1	5.4
Intellectual or cognitive impairment	2.6	0.1
Physical impairment	2.9	1.7
Poor parenting skills	26.0	17.4
Active domestic violence	10.6	13.8
Use of excessive discipline	24.1	19.5
History of maltreatment (of caregiver)	36.6	23.9
Recent history of arrest	5.5	1.9
Low social support	25.3	26.6
High family stress	58.0	42.9
Difficulty meeting basic needs	25.6	13.6

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Community Factors

	Native Parent	Immigrant Parent
Assaults / Muggings	21.5	17.3
Gang activity	34.9	32.7
Open drug use	34.9	24.3
Unsupervised children	42.8	27.8
Teenagers making a nuisance	38.7	19.0
Safe neighborhood	70.8	82.6
Helpful parents	58.2	79.8
Involved parents	60.4	56.0

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Mental Health Need and Service Use Among Children in Child Welfare

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Mental Health Need

- 80% of children in foster care have emotional or behavioral disorders, or developmental delays.^{15, 16, 17}
- Children who remain in their home have rates of emotional disturbance similar to youth in foster care.^{15, 18, 19}

Mental Health Access

- 16% of children involved in child welfare agencies receive mental health services.²⁰
- Only one-fourth of children with a clinical need for mental health services receive treatment.²⁰
- Children with the most severe problems are most likely to receive mental health services.²⁰

Mental Health Need and Service Use Among Latino Children

General Population

- Research on youth in the general population has found no differences in need for mental health services by race or ethnicity.^{21, 22}
- However, Latino youth have higher rates of unmet mental need compared to non-Hispanic white and African American youth.²³

Child Welfare

- Latino children experience similar rates of mental health need as other children in child welfare.^{20, 24}
- Research shows significant disparities in the receipt of mental health services for Latino children.²⁰
- Differences between children of foreign born and U.S. born parents are unknown.

Barriers to Mental Health Services Among Latino Immigrant Families

- Several studies suggest that youth in immigrant families may be at increased risk of having unmet mental health needs given parents' greater likelihood of: ^{25, 26}
 - limited English proficiency
 - lower levels of formal education
 - lack of health insurance
 - poorer access to regular health care providers
- In addition, cultural differences in interpretation or understanding of children's behaviors, as well as the availability of culturally appropriate services, may act as a barrier to services. ^{27, 28}

Current Research

- Examines the mental health need and service utilization among Latino children in child welfare.
- Using data from the National Survey of Child and Adolescent Well-being (NSCAW):
 - estimates the need for mental health services, mental health service use, and unmet mental health needs for Latino children;
 - determines how need and service utilization varies by the child's age;
 - examines whether these issues differ significantly by parental nativity.

Measures

- **Primary Caregiver Nativity**
 - Refers to the person with whom children were living responsible for the child's care. Sample is limited to biological mothers or fathers.
- **Mental Health Need - Child Behavioral Checklist (CBCL)**
 - One questionnaire used for children 2-3 years and another used for children ages 4-14 years old.
 - 64 or above on the total problem scale
- **Mental Health Service Use - Child and Adolescent Services Assessment (CASA)**
 - Gathered data from caregivers on services received in the last 12 months, including inpatient and residential treatment.
- **Unmet Mental Health Need**
 - Percentage of youth who demonstrated a clinical need for mental health services but who did not receive any form of treatment.

Mental Health Need, Service Use, Unmet Need

	Total Sample %	Native Parent %	Immigrant Parent %
Children ages 2 to 5			
Clinical range CBCL (≥ 64)**	37.2	28.8	59.3
Mental health service use**	10.8	4.3	28.1
Unmet mental health need***	77.3	95.2	55.6

*= $p < .05$, **= $p < .01$, ***= $p < .001$

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Children ages 6 to 10			
Clinical range CBCL (≥ 64)	38.3	42.7	28.5
Mental health service use	17.3	18.5	15.5
Unmet mental health need	75.6	77.3	71.6

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Mental Health Need, Service Use, Unmet Need

	Total Sample %	Native Parent %	Immigrant Parent %
Children ages 11 to 14			
Clinical range CBCL (≥ 64)	60.9	59.4	62.3
Mental health service use*	39.1	55.9	22.7
Unmet mental health need**	57.9	41.0	73.6

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Summary of Key Findings

- Children of immigrants represent 8.6% of all children who come to the attention of the child welfare system
- 67.2% of these children of immigrants are Hispanic (5.2% of total)
- Children of Latino immigrants are significantly more likely to be involved in substantiated cases of sexual abuse, while children of U.S. born parents were more likely to be involved in cases of physical neglect
- Several risk factors are more likely to be present in U.S. born families – notably, active substance abuse, recent histories of arrest, poor parenting skills, and high family stress
- Risk factors including domestic violence, excessive discipline, and low social support are no more likely to be found in immigrant families than in native families
- Several potential protective factors are more likely to be present in immigrant families – 2 parent families, additional supportive caregivers, caregiver stability

Summary of Key Findings

- Young children of immigrants were more than twice as likely to have a need for mental health services than children of U.S. born parents (59.3% to 28.8%).
- Overall, although young children had the lowest rates of mental health need, they had the highest rate of unmet mental health need (77.3%).
- Young children of Latino immigrants were significantly *more* likely to be receiving mental health services than children of U.S.-born Latinos and *less* likely to have unmet mental health needs.
- There were no significant differences in the need for mental health among adolescents, although significant differences were present in the rate of unmet need, with 73.6% of Latino adolescents with immigrant parents having an unmet mental health need compared to only 41.0% of Latino adolescents with U.S.-born parents.

Implications

- Findings demonstrate the importance of understanding and identifying differences between immigrant and U.S. born Latino families.
- Immigrant families may possess a number of strengths that can be built upon during service delivery to mitigate risk.
- Additional strengths may be present within immigrant communities.
- Additional research is needed to understand differences in rates of sexual abuse.
- Child welfare professionals need to be aware of the high need for mental health services among this population, and particularly among young children of Latino immigrants.
- The high rate of unmet need for mental health services, among all children in this study, needs to be addressed by child welfare systems.
- Child welfare practitioners need to be aware of the barriers that may affect immigrant families' abilities to access needed mental health services.

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