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### Title

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### Permalink

<https://escholarship.org/uc/item/005561fs>

### Journal

Community Health Equity Research & Policy, 36(2)

### ISSN

2752-535X

### Authors

Lopez, William D  
LeBrón, Alana MW  
Graham, Louis F  
[et al.](#)

### Publication Date

2016

### DOI

10.1177/0272684x16628723

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Peer reviewed

# Discrimination and Depressive Symptoms Among Latina/o Adolescents of Immigrant Parents

William D. Lopez<sup>1</sup>, Alana M. W. LeBrón<sup>2</sup>, Louis F. Graham<sup>3</sup>, and Andrew Grogan-Kaylor<sup>4</sup>

## Abstract

Discrimination is associated with negative mental health outcomes for Latina/o adolescents. While Latino/a adolescents experience discrimination from a number of sources and across contexts, little research considers how the source of discrimination and the context in which it occurs affect mental health outcomes among Latina/o children of immigrants. We examined the association between source-specific discrimination, racial or ethnic background of the source, and school ethnic context with depressive symptoms for Latina/o adolescents of immigrant parents. Using multilevel linear regression with time-varying covariates, we regressed depressive symptoms on source-specific discrimination, racial or ethnic background of the source of discrimination, and school percent Latina/o. Discrimination from teachers ( $\beta = 0.06, p < .05$ ), students ( $\beta = 0.05, p < .05$ ), Cubans ( $\beta = 0.19, p < .001$ ), and Latinas/os ( $\beta = 0.19, p < .001$ ) were positively associated with depressive symptoms. These associations were not moderated by school percent Latina/o. The findings indicate a need to reduce discrimination to improve Latina/o adolescents' mental health.

## Introduction

Discrimination is associated with negative mental health outcomes for Latina and Latino (henceforth, *Latina/o*) adolescents, including elevated depressive symptoms,<sup>1-6</sup> stress,<sup>5</sup> distress,<sup>2,7</sup> and decreased self-esteem.<sup>1,2,5,7,8</sup> Evidence suggests that Latina/o adolescents experience discrimination from multiple sources (e.g., police, teachers, and peers) and across contexts.<sup>1,4,7,9-14</sup> Given the influence of the school environment on adolescent development,<sup>15,16</sup> it is important to understand the associations between the school's ethnic context, discrimination, and Latina/o adolescents' mental health. Yet no studies of which we are aware have examined the association of the racial or ethnic background of the source of discrimination or school ethnic composition<sup>9,10</sup> with the mental health of Latina/o adolescents. Furthermore, this evidence base includes Latino adolescents more generally, with limited samples of Latina/o students who are children or immigrants. We aim to contribute to this literature by examining the association of discrimination with depressive symptoms for Latina/o adolescents who are children of immigrants and to consider the association of the source of discrimination, racial or ethnic background of the source of discrimination, and school context with depressive symptoms. A unique contribution of this study is the inclusion of immigration-related factors such as length of U.S. residence, English language use, and

parental socioeconomic status, in our examination of these associations.

## Conceptual Framework

The conceptual framework for this study is informed by the work of Coll et al.<sup>15</sup> and Omi and Winant<sup>17</sup> and others explicating mechanisms by which social stratification may influence the health and development of individuals and communities of color.<sup>18</sup> School ethnic composition and discrimination are social stratification processes that may reproduce social hierarchies<sup>15,17</sup> and may accumulate or interact to influence the health and development of Latina/o adolescents. Ethnically segregated schools, a consequence of macrostructural processes that contribute to residential

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<sup>1</sup>Health Behavior Health Education, University of Michigan School of Public Health, Ann Arbor, MI, USA

<sup>2</sup>National Center for Institutional Diversity and School of Social Work, University of Michigan, Ann Arbor, MI, USA

<sup>3</sup>Health Promotion and Policy, University of Massachusetts Amherst, MA, USA

<sup>4</sup>School of Social Work, University of Michigan, Ann Arbor, MI, USA

### Corresponding Author:

Louis F. Graham, 715 N. Pleasant St, 315 Arnold House, Amherst, MA 01003, USA.

Email: LFGraham@schoolph.umass.edu

and school-based segregation,<sup>19</sup> may promote or inhibit adolescent mental health as students contend with discrimination. For example, ethnically segregated schools, such as those with a large proportion of Latina/o students, may limit daily contact with and opportunities for discrimination from out-group members<sup>20,21</sup> and foster the development of a sense of belonging or positive ethnic identity that may buffer the effects of discrimination on mental health.<sup>15,22</sup> These schools may also provide potential opportunities for discrimination from one's own racial or ethnic minority group. Latina/o intraethnic or co-ethnic discrimination (henceforth, *co-ethnic discrimination*) may be particularly insidious for the mental health of Latina/o adolescents during periods of ethnic/racial identity development. Whereas ethnic enclaves, such as schools with a large percent of Latina/o students, may affirm positive aspects of ethnic group membership to buffer the negative mental health effects of discrimination,<sup>20</sup> co-ethnic discrimination may disrupt these opportunities. These factors may intersect with historical contexts, such as restrictive immigration policies, contexts of entry for immigrants and immigrant communities, and the history and establishment of communities in which immigrants and their co-ethnics, or other members of their ethnic group, are embedded.<sup>23,24</sup> We argue that it is important to consider how ethnic segregation in schools, a consequence of macrostructural processes,<sup>19</sup> may either *promote* or *inhibit* adolescent mental health as students contend with discrimination.

Qualitative evidence<sup>13,25</sup> including biographies<sup>26,27</sup> document Latina/o students' experiences of co-ethnic discrimination based on language use, immigrant generation, documentation status, and physical features (e.g., skin and hair color). Limited quantitative evidence indicates that discrimination varies based on language use,<sup>11</sup> neighborhood,<sup>14</sup> and school racial or ethnic composition.<sup>9,10</sup> Co-ethnic discrimination may reflect processes of establishing boundaries between groups, such as fear and distrust of out-group members (i.e., dominant racial or ethnic groups) or attempts to distance one's self from stigmatized groups (i.e., minority racial or ethnic groups) in an effort to protect one's own status in social hierarchies.<sup>15,17</sup>

In the current study, we consider the associations between discrimination, the racial or ethnic background of the source of discrimination, school context, and Latina/o adolescent mental health and proceed with three research aims. First, we assess the association of any experience of discrimination with depressive symptoms among Latina/o adolescents who are children of immigrants and the influence of the school context on these associations. We hypothesize a positive association of any experience of discrimination with depressive symptoms. Second, we examine the association between discrimination and depressive symptoms, depending on (a) the source (i.e., students, teachers, and counselors) of discrimination and (b) the racial or ethnic background of the source of discrimination (i.e., Latina/o, White). We hypothesize that discrimination from all sources regardless of the race or ethnicity of the source will be positively

associated with depressive symptoms. Third, we examine whether the school ethnic composition, specifically the percent of the student population that was Latina/o, would moderate the association between the racial or ethnic background of the source of discrimination and depressive symptoms. Specifically, we hypothesized that schools with a larger proportion of Latina/o students would buffer the mental health effects of discrimination from Whites, while for students in schools with a lesser proportion of Latinas/os, discrimination from Latina/os would be more inimical for mental health.

## Methods

### Participants

Data are from the Children of Immigrants Longitudinal Study,<sup>28</sup> which examined the adaptation process of children of immigrants. Participants were U.S.-born adolescents with at least one parent born outside of the United States or adolescents brought to the United States when young. For immigrants, eligibility was not restricted based on age of migration. Individual- and school-level surveys were collected from students in public and private schools in San Diego, California, and Miami/Ft. Lauderdale, Florida. Wave 1 (W1;  $n = 5,262$ ) data collection occurred in 1992, when participants were in eighth or ninth grade. Wave 2 (W2;  $n = 4,288$ ) occurred in 1995, when participants were preparing to graduate high school. The survey was administered in English. The current study is restricted to Latina/o participants in the manner described later.

### Data Collection

Data were drawn from the 1992 and 1995 interviews. The data comprise one of the largest longitudinal samples of children of immigrants and are rare in providing variables focused on the adaptation of adolescents of immigrant parents as well as school demographics, providing the opportunity to examine discrimination in the school context for Latinas/os specifically. Despite the time frame of data collection, no data exist that are better suited to the study questions. Other recent research using the same dataset can attest to the data's strengths and uniqueness.<sup>29-31</sup> The University of Michigan institutional review board approved this analysis.

### Measures

**Latina/o Ethnicity.** The data included a measure of national origin, based first on the birth country of the participant, then, if she was born in the United States, based on the birth countries of the participants' parents. When a father's and mother's birth countries differed, the mother's birth country was used. We coded participants as "Latina/o" if their national origins were Cuban, Mexican, Dominican, Central American, or South American. This resulted in

3,022 Latinas/os (57.4% of the sample) at Wave 1 and 2,391 (55.8% of the sample) at Wave 2.

**Depressive Symptoms.** The Center for Epidemiological Studies Depression (CES-D) short form was used to create a mean depressive symptoms score, used as the dependent variable. The CES-D is a structured self-report measure of depressive symptoms developed for use with the general population.<sup>32</sup> The Children of Immigrants Longitudinal Study uses a 4-item version of the CES-D, which correlated well with the 20-item measure ( $r = .87$ ).<sup>33</sup> Respondents were asked how often in the past week they “felt sad,” “could not get going,” “did not feel like eating,” and “felt depressed,” with responses ranging from 1 (*rarely*) to 4 (*most of the time*). Each participant had a single score at each wave that was the mean of the four items, with higher scores indicating higher levels of depressive symptoms (Cronbach’s  $\alpha$ : W1 = .74; W2 = .76).

**Discrimination.** Discrimination measures were based on responses to two questions.<sup>11</sup> First, the survey queried participants at both waves, “Have you ever felt discriminated against?” Those that answered affirmatively (W1:  $n = 1,451$ , or 48.4%; W2:  $n = 1,319$ , or 55.4%) were then asked “And by whom did you feel discriminated (check all that apply)?” with choices including teachers, students, counselors, and “White Americans in general.” At both study sites, at Wave 1 the questionnaire included the option “Cubans in general,” while at Wave 2 this was reworded to “Latinos in general.” We created separate variables, with discrimination from Cubans classified as an indicator variable that could occur at Wave 1 while discrimination from Latinos was classified as an indicator variable that could occur at Wave 2.

**School Percent Latina/o Students and Location.** The data included a continuous variable that measured the percent of the student body at the school that was Latina/o, as reported by schools or school districts. A binary variable coded each school as California (0) or Florida (1). Because our multilevel models (description forthcoming) focused on the repeated measures nature of the data, we did not also incorporate information on the clustering of individuals within schools.

**Immigration-Related Factors.** English speaking ability<sup>11</sup> and length of U.S. residence<sup>34</sup> were continuous variables. Participants were asked to rate how well they speak English on a scale of 1 (*not at all*) to 4 (*very well*) and how long they had lived in the United States, with response options ranging from 1 (*less than 5 years*) to 4 (*all my life*).

**Sociodemographic Covariates.** Covariates included age, sex, and parent socioeconomic status (SES), which evidence indicates are relevant to discrimination and depressive symptoms.<sup>3,12</sup> Age was measured in years and was based on self-report at Wave 1. Sex was coded as a binary variable (1 = female; 0 = male). Wave 1 contained a parent SES index, which was a unit-weighted standardized scale of parents’ education, family home ownership, and occupational socioeconomic

index, ranging from  $-2$  to  $2$  and has been used in other studies with the same data set.<sup>30,35</sup>

## Analysis

To examine the association of discrimination with depressive symptoms for Latina/o adolescents and to consider the effects of the source of discrimination, racial or ethnic background of the source of discrimination, and school ethnic composition on these associations, we utilize three multilevel linear regression models with time-varying covariates. Because the outcome variable, depressive symptoms, was collected at both waves, we use measurement occasions (also called, “person-periods,” in which each occasion for a particular individual was represented by a row of data)<sup>36</sup> instead of individuals, as the units of analysis in multilevel models.<sup>37</sup> Thus, observations were nested within the individual, accounting for the association of independent variables with the dynamic dependent variable as well as for within-subject correlations.<sup>7,11</sup> Hence, the outcome is depressive symptoms at a measurement occasion, whether Wave 1 or 2. This multilevel analytic approach has the added benefit of including data from individuals who were observed either at Wave 1 alone ( $n = 631$ ) or at both waves ( $n = 2,391$ ). In this analysis, we employ multilevel models suitable for the analysis of longitudinal data. Such models may be different from more traditional ordinary least squares regression models with which many readers are familiar, and thus merit a brief comment. A more traditional approach may have estimated two outcomes as a function of Time 1 predictors. In contrast, the multilevel model for longitudinal data estimates the outcomes at all waves of the data as a function of the predictor variables.<sup>37</sup> This approach has been used in other child development studies.<sup>38,39</sup> Stata 10 (StataCorp, 2007) was used for statistical analyses.

Each of three regression models began with demographic and immigration-related control variables (Step 1), before adding discrimination related variables (Step 2), and finally controlling for school percent Latina/o and location of school (Florida vs. California; Step 3).

## Results

The sample included 3,022 Latina/o students at Wave 1 (57.4%) and 2,391 at Wave 2 (55.8%; Table 1). The percentage of Latinas/os at each wave did not differ significantly ( $t = 2.7$ ;  $p > .05$ ). At Wave 1, 49.6% of participants were female and the mean age was 14.2 years. The mean parental SES index was  $-0.09$  ( $SE = 0.7$ ). Students identified as Cuban (40.6%), Mexican (25.0%), Nicaraguan (11.4%), Colombian (7.5%), or another Latina/o (15.5%) origin of descent at Wave 1. Nearly three fourths (73.7%) of students were surveyed in Florida, with 26.3% surveyed in California. Half of students at Waves 1 (52.6%) and 2 (53.5%) had lived in the United States all of their lives. The majority of students identified as speaking English very well at Waves 1 (79.5%) and 2 (84.4%).

**Table 1.** Sociodemographic Characteristics of Latino/a Participants.

Student demographics	Wave 1 ( <i>n</i> = 3,022) N (%) or Mean ( <i>SD</i> )	Wave 2 ( <i>n</i> = 2,391) N (%) or Mean ( <i>SD</i> )	$\chi^2/t$ N (%) or Mean ( <i>SD</i> )
Latino % of full sample, <i>n</i> (%)	3,022 (57.4)	2,391 (55.8)	2.68 n.s.
National origin			1.00 n.s.
Cuban origin, <i>n</i> (%)	1,226 (40.6)	968 (40.5)	
Mexican origin, <i>n</i> (%)	755 (25.0)	599 (25.1)	
Nicaraguan origin, <i>n</i> (%)	344 (11.4)	281 (11.8)	
Columbian origin, <i>n</i> (%)	227 (7.5)	185 (7.7)	
South American origin, <i>n</i> (%)	211 (7.0)	161 (6.7)	
Central American origin, <i>n</i> (%)	154 (5.1)	119 (5.0)	
Dominican Republic origin, <i>n</i> (%)	105 (3.5)	78 (3.3)	
Interview location			
California, <i>n</i> (%)	796 (26.3)		
Florida, <i>n</i> (%)	2,226 (73.7)		
Female students, <i>n</i> (%), n.s.	1,500 (49.6)	1,215 (50.8)	0.74 n.s.
Age, mean (years, <i>SD</i> )	14.2 (0.87)		
Parent SES index, <sup>1</sup> mean ( <i>SD</i> )	-0.09 (0.7)		
Length of U.S. residence, <i>n</i> (%)			224.51***
Less than 5 years	115 (3.8)	15 (0.6)	
5 to 9 years	612 (20.3)	235 (9.8)	
10 or more years	704 (23.3)	863 (36.1)	
All my life	1,590 (52.6)	1,278 (53.5)	
English speaking, <i>n</i> (%)			34.317***
Very well	2,396 (79.5)	2,011 (84.4)	
Well	541 (18.0)	354 (14.9)	
Not well	59 (2.0)	16 (0.7)	
Not at all well	17 (0.6)	3 (0.1)	
Discrimination			
Ever felt discriminated against, <i>n</i> (%)	1,451 (48.4)	1,319 (55.4)	26.73***
From teachers, <i>n</i> (%)	427 (30.2)	508 (38.8)	22.60***
From students, <i>n</i> (%)	767 (54.2)	599 (45.8)	19.06***
From counselors, <i>n</i> (%)	69 (4.9)	142 (10.9)	34.06***
From White Americans, <i>n</i> (%)	506 (35.7)	587 (44.9)	23.66***
From Cubans, <i>n</i> (%)	142 (4.5)		
From Other Latino/as, <i>n</i> (%)		143 (6.04)	
Depressive symptoms, mean ( <i>SD</i> )	1.65 (0.64)	1.63 (0.63)	1.12 n.s.

Note. *p* values are based t-tests for continuous measures and chi-squared tests for categorical measures. n.s. = nonsignificant.

\**p* < .05. \*\**p* < .01. \*\*\**p* < .001.

From Wave 1 to Wave 2, there was a significant increase in the percent of Latina/o students who experienced discrimination at some point in their lives (W1: 48.4%; W2: 55.4%) and the percent that reported discrimination from teachers (W1: 30.2%, W2: 38.8%), counselors (W1: 4.9%; W2: 10.9%), and Whites (W1: 35.7%, W2: 44.9%). From Wave 1 (54.2%) to 2 (45.8%), there was a significant decrease in discrimination from students. At Wave 1, 4.5% of students reported discrimination from Cubans. At Wave 2, 6.0% of students reported discrimination from other Latinas/os. The mean depressive symptoms score was 1.65 (*SE* = 0.64) at Wave 1 and 1.63 (*SE* = 0.63) at Wave 2 and did not significantly differ.

### Discrimination and Depressive Symptoms

The unconditional intraclass coefficient for the model that contained only the dependent variable (depressive symptoms) was .34, suggesting that clustering of measurement occasions within individuals explained a substantial amount of variation in the dependent variable. Tests of the association of discrimination with depressive symptoms are presented in Table 2. Having ever experienced discrimination was significantly associated with higher depressive symptoms ( $\beta = 0.15$ ,  $p < .001$ ; Model 2), adjusting for sociodemographic and immigration-related covariates. This positive association between

**Table 2.** Depressive Symptoms Regressed on any Experience of Discrimination.

	Model 1 $\beta$ (SE)	Model 2 $\beta$ (SE)	Model 3 $\beta$ (SE)
Female	0.28 (0.02)***	0.28 (0.02)***	0.28 (0.02)***
Age	0.02 (0.01)	0.03 (0.01)	0.02 (0.01)
Parental SES	-0.04 (0.01)*	-0.03 (0.01)*	-0.04 (0.01)**
Time in United States	<0.01 (0.01)	0.01 (0.01)	0.01 (0.01)
English speaking	-0.06 (0.02)***	-0.05 (0.02)*	-0.06 (0.02)**
Discrimination (yes = 1)		0.15 (0.02)***	0.16 (0.02)***
Percent Hispanic			<0.01 (<0.00)
Study site (1 = Florida)			0.03 (0.03)
N (observations)	5,345	5,318	5,318
Unique participants	3,012	3,007	3,007

Note.  $\beta$  = unstandardized beta coefficient; SES = socioeconomic status.

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

discrimination ( $\beta = 0.16$ ,  $p < .001$ , Model 3) and depressive symptoms remained after accounting for school percent Latina/o and location.

### Source-Specific Discrimination, Racial/Ethnic Background of Source, and Depressive Symptoms

We next examined the influence of the source of discrimination and racial or ethnic background of the source on depressive symptoms, adjusting for covariates (Table 3). Discrimination from teachers ( $\beta = 0.06$ ,  $p < .05$ ) and students ( $\beta = 0.05$ ;  $p < .05$ ) was positively and significantly associated with depressive symptoms, accounting for sociodemographic and immigration-related covariates and school percent Latina/o, and location (Model 3). Discrimination from counselors ( $\beta = 0.06$ ,  $p > .05$ ) and Whites ( $\beta = 0.04$ ,  $p > .05$ ) approached significance (Model 3). At Wave 1, discrimination from Cubans ( $\beta = 0.19$ ,  $p < .001$ ) and at Wave 2, from Latinas/os ( $\beta = 0.19$ ,  $p < .001$ ) were each significantly associated with elevated depressive symptoms, even after accounting for sociodemographic and immigration-related covariates and school percent Latina/o, and location (Model 3), to an effect of 0.30 standard deviations of our CES-D outcome measure.

We then tested for effect modification of the association of the racial or ethnic background of the source of discrimination and depressive symptoms by the school percent Latina/o (Table 4). There was no effect modification of school percent Latina/o for the association of discrimination from Whites, Cubans, or Latina/os with depressive symptoms.

## Discussion

The current study considered the association of discrimination with depressive symptoms in a sample of Latina/o adolescents of immigrant parents, taking into account the source of discrimination, the racial or ethnic background of the source of discrimination, and effect modification of these

associations by the percent of Latina/o students at each student's school. There were three main findings from this study. First, having ever experienced discrimination was associated with significantly higher depressive symptoms, accounting for school context. Second, discrimination from teachers and students were each associated with elevated depressive symptoms, while discrimination from counselors, White Americans, and other Latinos was not. Third, co-ethnic discrimination had the strongest positive association with depressive symptoms, regardless of the percent of Latina/o students at schools. All of these associations remained even after accounting for sociodemographic and immigration-related covariates and school context.

There were other findings of note as well. We found a significant increase of nine percentage points in the number of students who endorsed discrimination from Whites and a significant increase in reported discrimination from teachers and counselors between Waves 1 and 2. The sociopolitical context towards immigrants at Wave 2 (1995) of this study may have influenced these findings. In 1994, Proposition 187 passed in California. The intent of this ballot-initiative was to restrict access to education, health care, and social services for immigrants who lacked or could not prove their documented status. The current sample included Latina/o adolescents who are children of immigrants and approximately half of the students themselves were immigrants. At the time of this survey, Latina/o adolescents may have felt discriminated against by this law and/or by persons who may reinforce this anti-immigrant context. While this context may most acutely affect students in California, concerns may ripple across the Latina/o population to affect Latinas/os in other states.<sup>40</sup> In post hoc analyses, there was a significant increase in experiences of discrimination from Whites in both California and Florida, though the prevalence of discrimination from Whites was highest for Latinas/os in California in 1994.

Alongside the increases in discrimination from Whites, teachers, and counselors from Wave 1 to Wave 2 was a

**Table 3.** Depressive Symptoms Regressed on Relational Source of Discrimination and Racial or Ethnic Background of Source of Discrimination, 1992 and 1995, Combined.

	Model 1 β (SE)	Model 2 β (SE)	Model 3 β (SE)
Female	0.28 (0.02)***	0.27 (0.03)***	0.27 (0.03)***
Age	0.02 (0.01)	0.03 (0.01)	0.02 (0.02)
Parental SES	-0.04 (0.01)*	-0.05 (0.02)**	-0.07 (0.02)**
Time in United States	<0.01 (0.01)	<0.01 (0.02)	<0.01 (0.02)
English speaking	-0.06 (0.02)**	-0.07 (0.03)*	-0.08 (0.03)**
Discrimination from teachers		0.06 (0.03)*	0.06 (0.03)*
Discrimination from students		0.05 (0.02)*	0.05 (0.02)*
Discrimination from counselors		0.05 (0.05)	0.06 (0.05)
Discrimination from Whites		0.04 (0.03)	0.04 (0.03)
Discrimination from Cubans (Wave 1)		0.20 (0.05)***	0.19 (0.05)***
Discrimination from Other Latinos (Wave 2)		0.20 (0.05)***	0.19 (0.05)***
Percent Hispanic			<0.01 (<0.01)
Study site (1 = Florida)			0.06 (0.4)
N (observations)	5,345	2,696	2,696
Unique participants	3,012	1,949	1,949

Note. β = unstandardized beta coefficient; SES = socioeconomic status.  
\*p < .05. \*\*p < .01. \*\*\*p < .001.

**Table 4** Depressive Symptoms Regressed on the Interaction of Racial or Ethnic Background of Source of Discrimination and School Ethnic Context, 1992 and 1995, Combined.

	Model 1 β (SE)	Model 2 β (SE)	Model 3 β (SE)
Female	0.28 (0.3)***	0.27 (0.03)***	0.27 (0.3)***
Age	0.03 (0.2)	0.02 (0.02)	0.02 (0.2)
Parental SES	-0.05 (0.02)**	-0.07 (0.02)***	-0.07 (0.02)**
Time in United States	<0.01 (0.02)	<0.01 (0.02)	<0.01 (0.02)
English speaking	-0.07 (0.03)***	-0.08 (0.03)*	-0.08 (0.03)**
Discrimination from Whites	0.04 (0.03)	0.04 (0.03)	0.05 (0.05)
Discrimination from Cubans (Wave 1)	0.20 (0.5)***	0.20 (0.05)***	-0.06 (0.14)
Discrimination from Other Latinos (Wave 2)	0.22 (0.05)***	0.22 (0.5)***	0.18 (0.11)
Percent Hispanic		<0.01 (<0.01)	<0.01 (<0.01)
Study site (1 = Florida)		0.07 (0.04)	0.07 (0.04)
Discrimination from Cubans (Wave 1) × Percent Hispanic			<0.01 (<0.01)
Discrimination from Other Latinos (Wave 2) × Percent Hispanic			<0.01 (<0.01)
Discrimination from Whites × Percent Hispanic			<0.01 (<0.01)
N (observations)	2,696	2,696	2,696
Unique participants	1,949	1,949	1,949

Note. β = unstandardized beta coefficient; SES = socioeconomic status.  
\*p < .05. \*\*p < .01. \*\*\*p < .001.

decrease of 8 percentage points in discrimination from students. Our finding that co-ethnic discrimination was associated with higher depressive symptoms regardless of school ethnic context provides a unique contribution to the literature. Other studies have found that greater racial or ethnic diversity of schools was positively associated with

discrimination, which adversely affects mental health.<sup>9,10</sup> However, no previous studies of which we are aware have examined the association of the racial or ethnic background of the source of discrimination with depressive symptoms for Latina/o adolescents, nor the mental health implications of co-ethnic discrimination for Latina/o adolescents. Our study

builds on previous literature by considering the mental health implications of the racial or ethnic background of the perpetrator of discrimination on the individual who experiences it.

Co-ethnic discrimination may exact negative mental health effects for several reasons. First, acceptance by one's ethnic group may play an important role in developing one's identity, particularly for students of color.<sup>6,20</sup> Thus, co-ethnic rejection may be felt more acutely and may limit the development of a protective ethnic identity. Second, discrimination from one's own ethnic group could be most insidious when one is already a member of a politically disenfranchised or otherwise marginalized group. Some studies have shown a reliance of immigrants on social network resources;<sup>13,41,42</sup> thus, exclusion from both the larger political system and one's social network could have detrimental physical and mental health effects. Third, discrimination from unexpected sources—such as teachers and other Latinas/os—may exact greater health consequences, whereas discrimination from Whites may be pervasive and expected. Fourth, bisecting the three aforementioned reasons, experiencing discrimination in communities of refuge from racism and from individuals with whom one has strong solidarity or garners social support, may be felt with greater intensity or may represent a unique form of denunciation.<sup>43,44</sup> Future research should investigate how *expectations* of discrimination and acceptance could differentially shape the effects of discrimination. Fourth, the survey asked about discrimination from “Latinos in general,” which may assess the perception of pervasive co-ethnic alienation and may differ from reporting discrimination from “some Latinos.” Thus, this study may capture the psychological process of contending with co-ethnic alienation as much as experiences of co-ethnic discrimination.

The findings indicate that discrimination from teachers, students, Cubans, and Latinas/os was inimical for Latina/o adolescents' mental health, regardless of school percent Latina/o. With known adverse effects of discrimination on health,<sup>45</sup> it is critical to attune ourselves to discrimination directed at Latinas/os of all ages, especially as the Latina/o population increases.<sup>46,47</sup> Given that the association between the source of discrimination and co-ethnic discrimination on depressive symptoms did not vary by school context, findings indicate a need to foster environments that are supportive of marginalized populations, including Latinas/os, immigrants, and children of immigrants. In addition, immigration debates continue to create images of immigrants that are worthy or not of U.S. citizenship, residency, and social safety net benefits.<sup>48</sup> These images of immigrants created by immigration debates, when they are sources for discrimination and discriminatory policy such as Proposition 187, may have negative mental health consequences for Latina/o adolescents.

### *Strengths and Limitations*

These data were collected several years ago but are unsurpassed in their attention to the experiences of children of

immigrants and provide a unique opportunity to enhance understanding of the association between discrimination and depressive symptoms for Latina/o adolescents. Because the sample was limited to schools in Florida and California, generalization to Latinas/os throughout the United States must be cautious. There was also variation in the sociopolitical context towards immigrants at both study sites. The passage of Proposition 187 in California in 1994, prior to Wave 2 of the survey, may introduce site variability, for which we attempted to account in these analyses.

Another strength of this study is the examination of mental health implications of the racial or ethnic background of the source of discrimination. However, the stem for the question changed from querying about discrimination from Cubans (Wave 1) to that from Latinos (Wave 2). It is unclear why Cubans were the designated Latina/o group at Wave 1 at both school sites, as there is a small Cuban population in California relative to Florida.<sup>49,50</sup> The wording of each of these items may affect the endorsement of the item and therefore assess different experiences. To address this limitation, models treated discrimination from Cubans and from Latinos as separate variables restricted to the wave in which they were collected.

In this study, it was not possible to disentangle the race or ethnicity of the source of discrimination. Future studies may enhance understanding of the relationship between discrimination from each of sources, the race or ethnicity of that source, and depressive symptoms. Furthermore, the survey did not ask students to attribute a reason for their experience(s) of discrimination from each source. While not included in the analyses presented here, similar to findings by Stone and Han,<sup>12</sup> we found that the majority of Latina/o students attributed discrimination generally to their race or ethnicity. Given the intersection of race or ethnicity, nativity, gender, and other social identities,<sup>51</sup> restricting responses based on racial or ethnic attribution would limit understanding of the complexity of experiences of discrimination for Latina/o adolescents. Future studies could ask participants to indicate the identities most salient in their experience of discriminatory items from each source category in respective contexts as was done by Graham et al.<sup>52</sup>

### *Implications for health education*

Results of the current study provide insight into the mental health implications of co-ethnic discrimination, a phenomena that may be unique to persons of color. The results indicate that discrimination from teachers, students, and co-ethnics is associated with elevated depressive symptoms for Latina/o adolescents. These findings have the potential to inform the identification of opportunities to intervene upon environments and to develop social and health interventions to prevent experiences of discrimination from these sources and to buffer the mental health effects of discrimination in school contexts. For example, as a strategy to reduce the prevalence of discrimination, teachers, school administrator, and health



professionals may facilitate group discussions amongst students, staff, and faculty members about ethnic and racial identities, within- and between-group conflicts, and inequalities.<sup>53</sup> Additionally, this process may foster the development of skills to communicate across and within ethnic and racial groups.<sup>53,54</sup> Such interventions have the potential to increase ethnic and racial identity, promote positive youth development, and to improve awareness of racism in effort to reduce the prevalence of discrimination.<sup>53,55</sup> Additionally, service providers could link students with mental health-related services and other resources to assist them with coping with their experiences of discrimination and building sources of support. These strategies may serve to disrupt or attenuate the association of discrimination with depressive symptoms among Latina/o adolescents.

Furthermore, national discourse in the current election cycle has returned to familiar tropes that cast immigrants and Latinas/os as threats to national security, job takers during a perceived sluggish economic recovery, and drains on social safety net resources.<sup>48,56</sup> This national political environment may increase instances of interpersonal discrimination and institutional policies and practices that shape the day-to-day lives of immigrants and Latinas/os,<sup>40</sup> which may include their adolescent children. This study, along with others that illustrate the link between discrimination and depression, suggest that intensified rhetoric which blames and scapegoats immigrants and Latino/as may have felt affects on their mental health.

## Conclusions

This study examined the mental health implications of discrimination for Latina/o adolescents of immigrant parents, a population for whom there is limited, but emerging, evidence of the importance of discrimination.<sup>1–8</sup> This study further examined the association of the source of discrimination and racial or ethnic background of the source on depressive symptoms. The strongest associations between discrimination and depressive symptoms resulted from co-ethnic discrimination, regardless of school context, a finding that has been relatively underexplored. These findings are important in light of the current immigration debate, which, through language and rhetoric, emphasizes the salience of race or ethnicity, particularly Latina/o ethnicity and nativity, as the focus of restrictive immigration policy proposals.<sup>48</sup>

## Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The authors would like to thank the National Center for Institutional Diversity and the Center for Research on Ethnicity, Culture, and Health (CRECH) for their support.

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### Author Biographies

**William D. Lopez**, PhD candidate in the School of Public Health at the University of Michigan. His mixed methods work considers the influence of structural factors on the health and well-being of marginalized populations.

**Alana M. W. LeBrón** is a post-doctoral fellow in the National Center for Institutional Diversity at the University of Michigan.

**Louis F. Graham** is an assistant professor in the Department of Health Promotion and Policy with a joint appointment in the Commonwealth Honors College and is a faculty affiliate of Women, Gender, and Sexuality Studies. Using community-based participatory approaches, his scholarship aims to understand psychosocial determinants of mental and sexual health.

**Andrew Grogan-Kaylor** is an associate professor of Social Work at the University of Michigan and his research focuses ways in which parenting practices, like the use of physical punishment or parental expression of emotional warmth, affect child psychosocial outcomes such as aggression, anti-social behavior, anxiety, and depression, across contexts, neighborhoods, and cultures.