

New Canadian Children And Youth Study Literature Review

PREPARED BY:

**MORTON BEISER, MD, FRCP(C)
(PRINCIPLE INVESTIGATOR)**

ANGELA SHIK, M Sc
MONIKA CURYK, M Ed

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Introduction

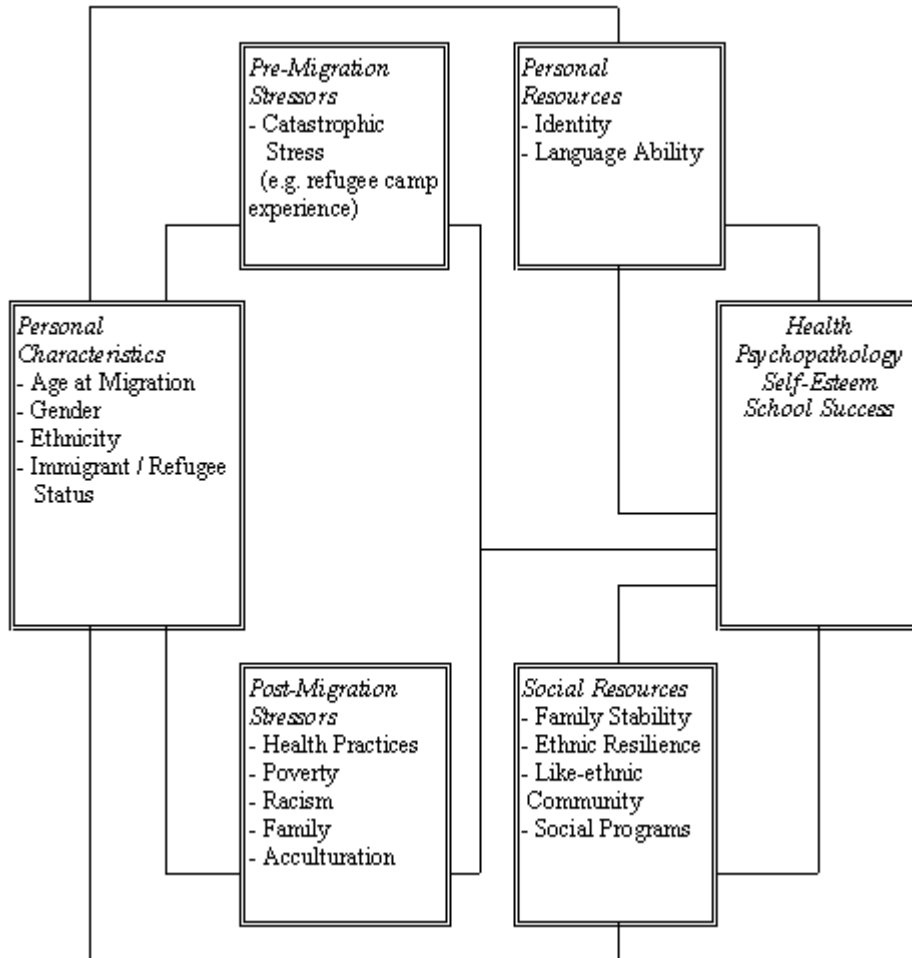
Among the 819,000 immigrants and refugees who came to live in Canada between 1986 and 1991,^{157,220} -- slightly more than 19% -- were children under the age of 12. Information about these children that could be used to inform public debate about the success of this country's resettlement policies are scant, inconsistent, and sometimes conflicting. For example, data from treatment settings or from small community-based samples suggest that immigrant and refugee children experience greater risk for alcohol abuse⁶⁷, drug addiction², delinquency¹⁵, depression⁹⁶, post-traumatic stress disorder^{49,88}, and higher levels of psychopathology^{25,52} than their host country counterparts. By contrast, according to a large-scale community survey carried out in Ontario, the rate of psychiatric disorder among immigrant children is no higher than among native-born⁶⁹. Data from the UK³⁶ and the US^{20,82} document the high academic aspirations, often matched by exceptional achievement, of children in new settler families.

Inconsistent results are not necessarily invalid results. They do, however, challenge conventional wisdom about resettlement such as: *the stress of resettlement creates distress that inevitably results in maladaptation.*

Figure 1, a model developed to guide a study currently in its planning stages, and to be called the New Canadian Children and Youth Study (N.C.C.Y.S.), relates migration stresses and contingencies to a variety of outcomes. Pre- and post-migration stressors affect well-being and productivity directly (indicated by solid lines). Personal and social resources have a direct effect on the behaviour of immigrant and refugee children: they

may also buffer adversity, thereby indirectly affecting well-being (indicated by broken lines).

Figure 1. Migration Contingencies and Outcomes



There are three main categories of immigrants. *Family Class Immigrants*, spouses and dependent children or parents and grandparents of permanent residents, together with *Independent Class Immigrants*, persons judged to have the potential to make a significant economic and social contribution, make up 90% of the total of immigrants entering the country each year. The final 10% are *refugees*, persons admitted under the United Nations convention. Refugees can be subdivided into two groups. The first category, roughly 50% of the total, consists of persons who have managed to make their way to Canada, and claimed refugee status: if Canada's Refugee Determination Board upholds the validity of their claim, refugees receive landed status with the same privileges accorded immigrants. The second category, refugees selected abroad, receive landed status prior to coming to Canada. In recent years Bosnians have made up the largest proportion of refugees admitted to Canada. Both in 1994 and 1995 Bosnia-Herzegovina ranked as Canada's top source country of convention refugees which translated into

approximately 4,500 individuals with refugee status arriving in 1994 and 6,000 arriving in 1995.

Several important factors distinguish immigrants from refugees. Immigrants choose to come to Canada to rejoin family, and/or in search of opportunity. Refugees leave home because they fear persecution, or worse: initially, they search for haven, only later for opportunity. Provided they have the means, immigrants can go home when they wish. Most refugees never can. The opportunity to maintain contact with one's place of origin may protect a migrant's sense of well being⁵.

Immigrant parents from so-called non-traditional source countries may find Canadian values and practices difficult to comprehend¹⁹. Parental attitudes towards host country values may affect children's mental health and development⁵⁵. For example, the traditional Southeast Asian pattern of restricting adolescent female freedom more than male⁵⁵, at the same time demanding that females accept more household responsibility, may result in clashes between familial and peer values that affect the well-being of Southeast Asian adolescent girls⁶⁵. Since children learn the host country culture and language more rapidly than their parents, the potential for intergenerational value conflict in migrant families is very high^{46,48,55,92,95,97}.

Pre- and Post-Migration Stresses and Resettlement Outcomes

Variations in pre- and post-migration experience predict different outcomes in physical health, risk for psychopathology, the development of self-esteem and the evolution of competence.

a. Physical Health

Acculturative changes set in motion by migration can affect health through dietary changes and exposure to local pathogens against which migrants have not yet developed immunities⁴³. Compared to majority culture populations, Latino women tend to resist family planning²⁶, Mexican-Americans are more dilatory about immunizing children³⁴, foreign-born Black women are less likely to make ante- or post-natal visits¹⁷, and many immigrant groups use fewer health services in general^{8,19,29,98}. Although such observations prompt concern that failure to understand or to incorporate majority culture practices may have adverse health consequences, acculturation does not always predict improved health. A Quebec study, for example, showed that "acculturated" women tended to produce low birth weight infants²⁷. One possible explanation is that acculturation predisposes migrant women to adopt "bad" habits such as smoking^{4,63} or inappropriate dieting¹⁷ during pregnancy.

b. Psychopathology

Studies of catastrophic stresses, including human-initiated and natural disasters, suggest hypotheses concerning the mental effects of pre-migration stress. Man-made stressors such as kidnapping¹⁰¹, and suicide attempts by a parent⁷⁹, as well as accidents^{12,111},

natural disasters such as floods, tornadoes, hurricanes^{16,59,71,105} and fires³⁵ produce adverse psychological sequelae including depression, anxiety, anger^{71,101} and psychosomatic symptoms³⁵. Refugee children, many of whom witnessed violence in their homelands and experienced perilous journeys to safety, may be at high risk for post-traumatic stress disorder (PTSD)^{31,47,49,51,54,80,88,113}. According to Kinzie and Sack^{51,49}, 50% of Cambodian adolescent refugees attending high schools in Portland have PTSD.

Poverty creates a mental health risk for all children^{56,86}. According to the recently completed analyses of data from the Longitudinal Study of Children and Youth (N.L.S.C.Y.), more than 30 percent of all immigrant children live in families whose total income fall below the official poverty line (Beiser et al., unpub. data). Compared to their native born counterparts, immigrant children are more likely to live in poverty. Nevertheless, they have fewer emotional and behavioral problems. One reason, according to the analyses completed to date, is that the social pathologies associated with poverty in the majority population are less likely concomitants of poverty among immigrant families. There is clearly much to be learned about the resilience of immigrant families that may help account for the relatively good mental health of their children. Psychopathology does not result solely from exposure to adversity, but from the interaction between exposure and vulnerability. For example, maternal loss before age 11 is associated with depression in adulthood only when combined with threatening life events or long-term difficulties. Early loss produces vulnerability that, combined with further exposure to aversive events, overtaxes the ability to cope⁸⁵. Immigrant-focused research is consistent. Compared with migrant children from functional families, immigrant children with depressed mothers and unstable families handle racial baiting at school less well, are less likely to succeed scholastically, and are more likely to become delinquent⁸².

c. Self Esteem

Although it is a construct relatively neglected by the mental health professions,

self-esteem is an essential component of well-being and a predictor of achievement, including school success³⁸. Research with ethnic minority children suggests that disjunctures between home and school values may jeopardize self-esteem^{8,19}, and that restoration of a secure ethnic identity may enhance compromised self-concepts^{57,58}.

The like-ethnic community, so important to the well-being of adult refugees in resettlement countries^{6,9,37,106}, may also contribute to children's self-esteem and psychological resilience^{1,44,74}. The construct of ethnic identity provides a conceptual bridge to help explain such findings. Competition between parental and peer values coupled with larger social forces such as racism complicates the efforts of newcomer children to develop a coherent, valued sense of self. An identity based, in part at least, on the culture of origin may help foster personal resilience. Research data supports this proposition. In one study, immigrant children who used a native language as well as English proved to be better adjusted than children who used only English¹⁰. In another study, unaccompanied Southeast Asian refugee adolescents in ethnically matched foster

homes achieved higher grade point averages and developed less depression than children placed with Caucasian families⁷⁷.

Forming a coherent ego-identity constitutes a major developmental challenge during adolescence^{61,62,108}. The N.C.C.Y.S. will investigate the role of ethnicity in identity formation, and the relationship between identity and self-esteem, psychopathology and achievement.

d. School Success

School is a universal challenge for children and an early test of success. Studies from the UK and the US comparing Asian immigrant and refugee children to indigens suggest that the former have higher educational and vocational aspirations³⁶, higher Grade Point Averages, are over-represented among the Valedictorians and Salutatorians of graduating classes and have higher admission rates to colleges and universities^{20,82}. Although heartening, such reports often mask important inter-cultural differences in children's achievements through the use of overly broad rubrics like "Asian"⁸².

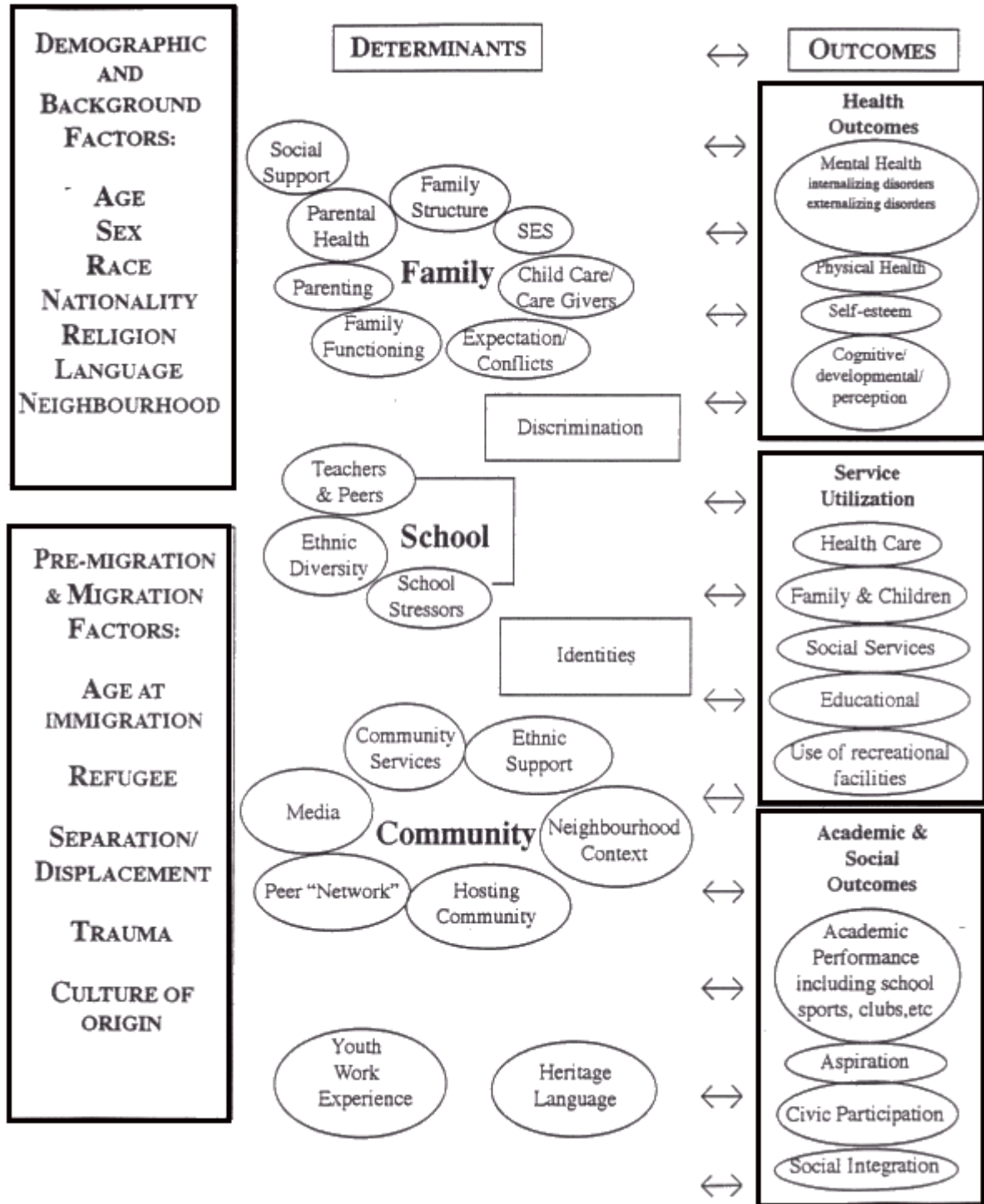
To account for differences in aspirations among immigrant groups, investigators have emphasized the respect for education embedded in some cultural traditions, parental ambition and enterprise, and the insecurity of minority status³⁶. Children of parents with "ethnic resilience" -- i.e., who, despite pressure to acculturate, maintain ethnic pride and cultural identity -- perform better than children whose parents assimilate fully⁸².

Domains of Interest

Guided by the model presented in Figure 1 and the content of the National Longitudinal Study of Children and Youth (N.L.S.C.Y.Y), Figure 2 reflects the domains of interest identified by a panel of experts planning the N.C.C.Y.S.. It serves as a heuristic device that demonstrates the domains of interest of the N.C.C.Y.S., and it is not intended to list all the fixed categories or the possible relationships among variables of interest. This model is both fluid and interactional.

Figure 2. Domains of Interest of the N.C.C.Y.S.

**NEW CANADIAN CHILDREN AND YOUTH STUDY (NCCYS):
DOMAINS OF INTEREST**



The major components which determine the outcomes of the acculturation process are: (1) demographic and background factors, (2) pre-migration and migration factors, (3) factors with regard to the family domain, (4) factors with regard to the school domain, (5) factors with regard to the community domain, (6) the experience of discrimination, examples of which include racial and ethnic discrimination, and (7) the issues of identity, especially the multiple natures of these identities. Other factors that will also be considered as determinants include: youth work experience, and utilization of heritage language.

The major outcome variables are: (1) health outcomes, which include mental and physical health, self-esteem, and cognitive development; (2) service utilization, which include utilization of health care services, family & children services, social services, educational services, and the use of recreational activities; and (3) academic and social outcomes, which include academic performance, aspiration, civic participation, and social integration.

Conclusion

Research addressing health patterns and analyzing the development of children in immigrant and refugee communities is important for policy development as well as service planning. Such information provides important checks on the validity of immigrant selection criteria, as well as blueprints for programs which link services to the particular needs and strengths of children in newcomer communities.

Although the model presented in Figure 1 of this review attempts to address some of the complexities surrounding resettlement, it falls short of a definitive statement. The model is static, whereas, in reality, adaptation is a dynamic, constantly unfolding process that requires longitudinal investigation.

The N.C.C.Y.S. aims to generate much needed empirical data on the health and development of immigrant and refugee children and youth, thereby allowing definitive statements to be made about their adaptation and resettlement in Canada. This goal can only be achieved by a longitudinal study with an interdisciplinary and multidimensional approach. Program planning for immigrant and refugee children based on an understanding of their unique needs, vulnerabilities, and strengths will likely be far more effective than program planning based on data from studies such as N.L.S.C.Y. which, for all its strengths, focuses on native born children. Results from studies such as N.L.S.C.Y. fail to address the unique situations of immigrant children and their families, and their unique histories. Because they rely on measures developed for and tested among majority culture populations, the study results may be further compromised by the failure to ensure applicability of measures when applied to ethnocultural minority groups.

As a nation, Canada owes immigrant and refugee children and youth the chance to make themselves according to the best vision of their possibilities, a vision unblinkered by past sorrows, intolerance or lack of opportunity.

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