



# Risk, Resilience, and Attachment in Latine Immigrants: Research and Clinical Considerations

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**HISPANIC/LATINO**  
**BEHAVIORAL HEALTH**  
CENTER OF EXCELLENCE



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The Hispanic/Latino Behavioral Health Center of Excellence recognizes the complexities associated with gender and ethnic identification as well as the right of all individuals to self-identify. The Center uses the term Latine with the intention of both facilitating a fluent reading and pronunciation and supporting an inclusive and respectful language. Latine is a gender-neutral form of the word Latino that uses the letter e at the end, an idea native to the Spanish language.

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## Institute of Research, Education, and Services in Addiction (IRESA)

The Institute of Research, Education, and Services in Addiction (IRESA) of the Universidad Central del Caribe leads the National Hispanic and Latino MHTTC. The Center serves as a national subject matter expert and a key resource for the workforce and communities seeking to address mental illness prevention, treatment, and recovery support to reduce health care disparities among Hispanic and Latino populations across the United States and its territories. In partnership with state and local governments, mental health providers, consumers and family organizations, Hispanic stakeholders, Substance Abuse Mental Health Services Administration (SAMHSA) regional administrators, and the MHTTC Network, the Center seeks to accelerate the adoption and implementation of mental health-related evidence-based practices.

## Hispanic/Latino Behavioral Health Center of Excellence

Through funding from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration's Office of Behavioral Health Equity, our Center of Excellence is established to advance the behavioral health equity of Latine communities through the development and dissemination of culturally-informed, evidence-based behavioral health information, provision of training and technical assistance and directed support to expand the behavioral health workforce that serves Latine communities.

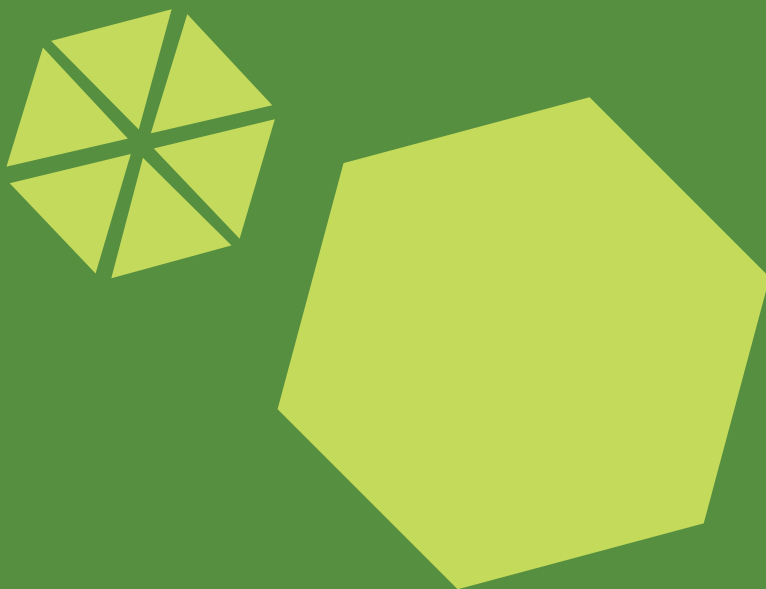
We serve as a resource for mental health and substance use providers, primary care providers, community-based and faith-based organizations, research institutions, Hispanic and Latine-Serving Institutions (HSIs) of higher education, peer and recovery support service providers, as well as state, regional, local, and federal entities. Our outreach also encompasses the general public, including Hispanic and Latine individuals, families, and communities, as well as persons with lived experiences. Our mission is to advance and support the sustainability of behavioral health equity by promoting community driven, culturally grounded and person-centered prevention, intervention, multiple pathways of recovery, and recovery supports for diverse Hispanic and Latine communities.



## I. Introduction

As outlined in the recent APA report, *Psychological Science and Immigration Today* (APA, 2024), the immigrant community in the United States (U.S.) and their experiences are rich, diverse, and heterogeneous. Latine immigrants living in the U.S. are from varied countries, races, and ethnic backgrounds, and have a variety of lived experiences in terms of trauma exposure, migration journeys, and acculturation pathways (APA, 2024). Some have arrived through straightforward air travel with employer-sponsored visas whereas others have walked for miles and survived atrocities in hopes of seeking asylum, and now reside in the U.S. with uncertain documentation status and pending immigration court hearings.

The H/LBH CoE's focus for this booklet is on the latter group, immigrants from Central America and Mexico who have arrived in the U.S. either as unaccompanied immigrant minors—young people entering the U.S. without a caregiver—or as families seeking asylum. Both groups are rapidly growing demographics in the U.S. (APA, 2024). They are nearly uniformly exposed to traumatic events due to high rates of community violence and active cartels and gangs in Central America and arrive with high rates of posttraumatic stress symptoms (Mercado, Venta, Henderson, & Pimentel, 2021; Venta & Mercado, 2024). In many instances, their migration from Central America to the U.S. means separation from close family members (including separation of parents and children) as well as separation from other interpersonal networks like extended families, friends, and religious and cultural communities (Venta & Cuervo, 2022). Across ten years of research and clinical experience, our team has seen how these interpersonal risk factors contribute to the risk of mental health illness in Latine immigrants and, at the same time, how the endurance of interpersonal relationships in immigrant communities allows them to thrive despite adversities.



## II. Attachment Theory in Immigration

### Key Concepts of Attachment Theory

Attachment theory was pioneered by John Bowlby (1982) who, decades ago, highlighted the risks of family separation for child wellbeing, writing “thus we reached the conclusion that loss of mother-figure, either by itself or in combination with other variables yet to be clearly identified, is capable of generating responses and processes that are of the greatest interest to psychopathology,” (p. 21). Fundamentally, Bowlby’s observations of Romanian orphans and the work of many researchers that followed coalesced on the central view that interactions between children and their primary caregivers, early in life, create an internal working model, or template, for how the child sees themselves and others across the lifespan. **Attachment security** refers to the view of the self as worthy of care and others as reliable caregivers, while **attachment insecurity** refers to the opposite—the view of the self as unworthy of care and others as unreliable caregivers. Since Bowlby’s seminal work developing attachment theory, attachment security has been identified as a cross-cutting, protective factor in relation to development, mental health, and well-being, meaning that attachment security is associated with a slew of positive outcomes in the published literature. In contrast, attachment insecurity has emerged in clinical science as a transdiagnostic risk factor for psychopathology, meaning it is associated with mental health illness across diagnostic categories (e.g., depressive symptoms and conduct problems).

### Attachment Theory in the Context of Latine Immigrant Family Experiences

Attachment theory is useful for understanding mental health risk and resilience among immigrant youth and families because it can help conceptualize how the separations that commonly affect immigrant families might relate to subsequent child development, mental health, and family well-being. Separation is common in Latine immigrant families, particularly those seeking asylum in the U.S. over the last decade (Venta et al., 2020). In some instances, separations occur because parents feel forced to migrate from their home country—making the difficult decision to leave behind one or more of their children—to travel to the U.S. fleeing danger or seeking better opportunities for the family. In other instances, the family travels together to the U.S. and faces forced separation due to kidnapping or U.S. immigration policies that detain parents separately from children (Zero Tolerance Policy of the U.S. Administration 2017-2021) or ongoing policies that separate fathers from mothers and children during processing at the U.S. border. In yet other instances, families make the difficult decision to send their adolescents to the U.S. by themselves, in hope that they will receive timely consideration of an asylum plea, and the rest of the family remains in the home country, perhaps due to limited funds, inability to travel, or awareness that immigration policies treat minors differently from families traveling together. In our data from a group of recently immigrated high schoolers settled in the Southwestern U.S., 13.8% reported separation from their mother, 31% from their father, and 17.2% from both caregivers, with mean ages around 5 or 6 years at the time of separation and average length of separation of 6 or 7 years (Venta et al., 2020).

### Impact of Family Separation on Attachment and Immigrant Mental Health

Family separations, regardless of how they occur can act as attachment injuries—psychological wounds that may arise when a caregiver or close partner is unavailable, either physically or emotionally, to offer comfort during times of distress. Family separations can

thus upset the child's available coping resources by separating them from their primary caregivers and putting them at increased risk of interpersonal difficulties and mental health problems down the line. The impact of family separation on attachment, and thus disruption of relationships to caregivers can increase the presence of risk factors and affect important psychological functions including:

- **Social Cognition and Mentalizing:** Family separations can hinder the development of social cognition (understanding others' behaviors and intentions) and mentalizing (understanding that others have thoughts, feelings, and perspectives different from one's own). These skills typically develop within secure attachment relationships.
- **Emotion Regulation:** Effective emotion regulation, which is often learned through interactions with caregivers, can be compromised when a child experiences separation. This may lead to difficulties in managing emotions and stress.
- **Increased Risk for Trauma:** The absence of primary caregivers can leave a child susceptible to inadequate caregiving and at increased risk for trauma experiences such as neglect, abuse, or exploitation, which can compound the negative effects of separation.

Attachment theory also emphasizes that it is not the physical presence of the caregiver, but rather their representation in the child's mind that is relevant for the child's psychological functioning and development. That is, as a child ages, he or she may not need the caregiver to be physically close by in order to benefit from the sense that they are worthy of care and that the caregiver is available to them (perhaps via a phone call or a comforting conversation after the school day is done). Thus, it is also possible that immigrant families survive these painful separations and demonstrate resilience after migration because their bonds are already strong enough to weather the disruption of separation. Certainly, the age of the child at the time of the separation, the quality of caregiving before the separation, and the conditions that follow the separation may also affect the extent to which immigrant families can maintain secure attachment bonds and the accompanying benefit.





### III. Research Findings from a Longitudinal Study on Attachment in Latine Immigrants

Over the last ten years, our research team has focused on the mental health of recently immigrated Latine youth and families, using attachment theory as a foundation for our work. Following are some key findings:

#### A. Attachment security is associated with reduced mental health symptoms

In a sample of Latine high school students, attachment security was higher for youth who did not endorse separation from their mothers due to migration than for those who did, and youth were more likely to be assigned a secure attachment classification if they had not experienced family separation (Venta et al., 2020). Likewise, in a large sample of young adults living in Central America, paternal separation due to migration was associated with attachment insecurity, characterized by reduced trust and communication, though this effect was attenuated by increased contact after migration and older child age at the time of separation (Venta et al., 2021).

Critically, attachment security in our Latine samples, just as in much of the published literature accumulated in the decades since the development of attachment theory, is not only an important outcome variable in its own right, but it also relates to other mental health variables of interest. For instance, our work shows that, in Latine immigrant high school students, attachment security to mothers, fathers, and peers is associated with reduced mental health symptoms across both internalizing and externalizing problems and is also associated with increased prosocial behavior and resilience (Venta et al., 2019). Similar findings emerge among Latine young adults, in whom attachment security is associated with reduced interpersonal, externalizing, and internalizing problems (Venta et al., 2022) and with reduced somatic symptoms (Bautista & Venta, 2024).

#### B. Interpersonal Protective Factors

##### ***Familismo:***

Attachment security, however, is not the only interpersonal variable that may serve a protective function in recently immigrated Latine youth and families. Indeed, familismo, a Latine cultural value emphasizing the centrality of family, acts as a buffer against suicide-related thoughts and behaviors (Walker, Cuervo, & Venta, 2022) and drives the provision of social support in immigrant families (Abate, Bailey, & Venta, 2022). Outside of the family context, young Latine immigrants' perceived connections to school and peer attachments relate significantly to reduced mental health problems and increased prosocial behavior (Venta et al., 2019).

##### **Interpersonal Belonging:**

Interpersonal sense of belonging in the U.S. is an important statistical predictor of reduced suicide-related thoughts and behaviors in immigrant Latine young adults and carries more weight than the very real threats of feared harassment and deportation (Venta et al., 2022b), highlighting the importance of interpersonal belonging to mental health.

Our work has coalesced on the notion that the well-being of Latine immigrant youth, families, and young adults rests, in large part, on their interpersonal ties. Even in groups who have been exposed to high rates of trauma—as our child, adolescent, and adult samples are—interpersonal connections like attachment security and perceived belonging in family, school, and community relate positively to resilience and mental well-being. While more research is needed, particularly longitudinal research, that can connect these variables over time and qualitative work that can disentangle the nuance in when and how interpersonal bonds survive adversity—this central notion should guide future directions in three key ways.





## IV. Implications and Future Directions

- **Researching:** Research should take a strengths-based approach to study the experiences of Latine immigrant youth and families, focusing on how interpersonal and cultural values that highlight relationships contribute to immigrant thriving.
- **Clinically:** Clinical intervention and prevention efforts should focus on how to support and/or augment the quality and quantity of interpersonal ties that Latine immigrant communities can leverage for support in difficult times as well as for post-traumatic growth and flourishing.
- **Advocacy:** Mental health clinicians and those invested in immigrant health should advocate for local, state, and federal policies that allow immigrant families and communities to retain their interpersonal networks and strengths, and fight against those that separate families, make immigrants feel unwelcome and othered, and frighten immigrants from participating in the groups and networks that otherwise help them to thrive in the U.S.



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