Measuring Latinx/@ Immigrant Experiences and Mental Health: Adaptation of Discrimination and Historical Loss Scales

Alexis J. Handal[1], Cirila Estela Vasquez Guzman[2, 3],
Alexandra Hernandez-Vallant[4, 5], Alejandra Lemus[3], Julia Meredith Hess[6],
Norma Casas[7], Margarita Galvis[8], Dulce Medina[8], Kimberly Huyser[9], and
Jessica R. Goodkind[3]

[1] Department of Epidemiology, University of Michigan School of Public Health
[2] Department of Family Medicine, Oregon Health Science University
[3] Department of Sociology, University of New Mexico
[4] Department of Psychology, University of New Mexico
[5] Center on Alcohol, Substance Use, and Addictions, University of New Mexico
[6] Department of Pediatrics, University of New Mexico
[7] Encuentro, Albuquerque, New Mexico, United States
[8] Centro Sávila, Albuquerque, New Mexico, United States
[9] Department of Sociology, University of British Columbia

Migration processes encompass uncertainty, discrimination, racism, stigma, social isolation, lack of access to resources, fear of deportation, and family separation, having a critical impact on the health of Latinx/@ immigrants in the United States. It is essential to accurately measure the ways in which social, legal, economic, and political contexts impact mental health. This article discusses adaptation and use of discrimination and historical loss measures in a multilevel community-based advocacy, learning, and social support intervention (Immigrant Well-Being Project) with Latinx/@ immigrants in New Mexico, using participatory research approaches. Participants ($n = 52$) were recruited through community partner organizations and completed four qualitative and quantitative interviews over a 12-month period. The present analysis draws on the baseline quantitative data. Results show it is possible to adapt standardized measures of discrimination developed to assess the experiences of other racial/ethnic groups; however, the most common responses involved response options added by our research team. For the historical loss instrument, there was a high frequency of "never" answers for many items, suggesting that they were not relevant for participants or did not capture their experiences of loss. As with the discrimination measures, the items we added resonated the most with participants. The contexts of discrimination and loss for Latinx/@ immigrant populations are complex, thus the tools we use to measure these experiences and their impact on health must account for this complexity. This study contributes to these endeavors through involving community members in the conceptualization and measurement of discrimination and historical loss among Latinx/@ immigrants.

Public Policy Relevance Statement
Latinx/@ immigrants comprise a heterogeneous population with diverse backgrounds and social–cultural–political contexts that affect their experiences in the United States. Understanding this complexity and its impact on health and health disparities requires accurate measurement of Latinx/@ immigrants' experiences. This study contributes to these efforts through the adaptation of measures of discrimination and historical loss, which can improve researchers' abilities to inform more sustainable and effective health promotion policies. Policies must reflect lived experiences more accurately to have meaningful and sustainable impacts.

The immigrant share of the U.S. population has risen steadily over the past 4 decades, representing a fourfold increase since 1960 (Batalova et al., 2021), with almost one in six people in the United States born outside the country. Mexican-born immigrants account for 25% of all immigrants (Budiman, 2020). In the recent years, there has been a dramatic increase in the number of immigrants from Central America (Babich & Batalova, 2021). The social, legal, and economic context of migratory processes, including increasing uncertainty, discrimination and racism, stigma, social isolation, lack of access to resources, and fear of deportation and family separation based on immigration policies and public perception of immigrants as a threat all have a critical impact on adverse physical and mental health outcomes among Latinx/@[1] immigrants in the United States (Ayón & Becerra, 2013; Garcini et al., 2016; Viruell-Fuentes et al., 2012). To understand the impact of Latinx/@ migrant experiences on mental health outcomes within the broader social, legal, economic, and political context, researchers need to adapt currently available measures to meaningfully capture these experiences. Furthermore, in order to expand upon currently available measures, this adaptation process should be conducted using a community-based participatory research (CBPR) approach that includes the knowledge and experiences of the Latinx/@ immigrant community. This article discusses the adaptation process and use of measures for discrimination and historical loss in a multilevel community-based advocacy, learning, and social support intervention (Immigrant Well-Being Project [IWP]) with a Latinx/@ migrant population in New Mexico.

Considerable research exists on the impact of immigration on mental health outcomes, globally and in the United States (Castañeda et al., 2015). Research on the risk of adverse mental health outcomes among Latinx/@ immigrants in the United States has been somewhat inconsistent, with some research demonstrating the presence of the "immigrant paradox" or "nativity effect" (Alegría et al., 2008). That is, Latinx/@ immigrants tend to report lower rates of mental illness than their U.S.-born counterparts or those who have resided in the United States for a longer period of time (Alegría et al., 2008; Leong et al., 2013). However, researchers have cautioned that generalizing this paradox to all Latinx/@ groups without a critical assessment of mental health outcomes across Latinx/@ subpopulations could mask the real risk of mental health disorders among Latinx/@ immigrants (Alegría et al., 2008). One main reason for this paradox may be due to the inadequate sample sizes for subgroup analyses within the "Latinx/@" ethnicity category—a diverse and heterogeneous population. However, other important reasons for the inconsistencies in findings may include a lack of focus on the broader social-structural determinants of mental health among Latinx/@ immigrants and limited focus on the key social-structural determinants associated with the migration process and associated trauma (Acevedo-Garcia et al., 2012; Goldman et al., 2014).

Importantly, studies of Latinx/@ immigrants in the United States have found that the *process* of migration—pre-, during, and post-migration—is related to higher rates of psychological distress and may be related to stressors experienced throughout the migration process. Premigration stressors, such as economic hardship and poverty, violence, chronic stress, and adverse childhood experiences, can impact the migration experience of Latinx/@ immigrants and ultimately these stressors may exacerbate postmigration stress and have a detrimental impact on mental health (Keller et al., 2017; Perreira & Ornelas, 2013). Furthermore, the stressors that immigrants face during migration, such as physical hardships during the journey, sexual or physical violence, high expenses that must be paid to exploitative individuals ("coyotes") and/or police, fear of detention or family separation by the U.S. border patrol, may also impact mental health outcomes once in the United States (Perreira & Ornelas, 2013; Sabo et al., 2014).

Latinx/@ immigrants face additional challenges once in the United States and these challenges shift and evolve over time. For example, the postmigration stressors that Latinx/@ immigrants confront may include long work hours and lack of autonomy at work, economic and job insecurity, toxic exposure (especially for agricultural workers), low-socioeconomic status and lack of upward mobility, language barriers, stressful or unsafe working and living conditions, social isolation, family separation, and racial and ethnic discrimination (Ayón & Becerra, 2013; Hurtado-de-Mendoza et al., 2014). These

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[1] The use of the term "Latinx/@" in this project is the result of discussion among community and university research team members and feedback from other community members. We discussed terminology early on in the collaboration, and the term "Latinx" was suggested by members of one community partner organization as a gender inclusive term. It was adopted by the team at this point, though some members had never heard the term and others expressed reservations. The word was included as a term of reference in our interview questions. However, at the outset of the interviews, we decided to let participants know why we used this term and then ask them what their preferred terminology was. After a year of data collection, we noted that "Latinx" was not the preferred term for the majority of participants. Thus, in order to be most inclusive in the dissemination of our work, we have decided to use the term Latinx/@ as it includes Latino and Latina within the @, which were the terms with which most participants identified. Given the ongoing discussions around this term, we expect the academic and general consensus to change, but we did not want to privilege a predominantly academic term. In light of our community-based participatory research orientation, we will continue to make shared decisions about terminology preferences with academic and community partners.

stressors, among others, become important risk factors for worse mental health the longer immigrants stay in the United States and for the second and later generations. Vega et al. found that immigrants who were in the United States for 13 years or longer had double the 12-month prevalence of psychiatric disorders compared to immigrants who were in the United States less than 13 years, and this prevalence was nearly doubled for their U.S.-born counterparts (Vega et al., 2004). These findings highlight the cumulative and intergenerational negative impact of migration-related stressors and extended time in the United States on immigrant mental health.

Latinx/@ immigrants face challenging broader sociostructural–political environments (Abraído-Lanza et al., 2016; Patler & Laster Pirtle, 2018; Viruell-Fuentes et al., 2012). Latinx/@ populations experience discrimination with employment, housing, health care, and interactions with law enforcement and police, all of which affect their livelihood and ability to thrive (Findling et al., 2019). Limited English proficiency may also be an additional barrier to accessing health care and employment, educational attainment, and navigating through the legal system (Ding & Hargraves, 2009).

Furthermore, discriminatory policies increase societal-level stigma toward immigrants and allow for an acceptance of overt discrimination and micro- and macro-aggressions toward individuals holding immigrant or perceived immigrant identities (Brenes, 2019; Hatzenbuehler et al., 2017; Torres et al., 2018). Discrimination that is sanctioned at a policy level may lead to immigrants feeling as though they do not belong, which may also lead to adverse mental health outcomes (Link & Hatzenbuehler, 2016). Discriminatory or exclusionary policies at the state level can impact material conditions and access to resources and services, which also impacts mental health through multiple stress pathways. To this end, the migration process is a critical, multilevel social determinant for Latinx/@ immigrants.

In addition to understanding how the migration process works as a critical determinant of adverse mental health outcomes of Latinx/@ immigrants, it is also imperative to understand the trauma and loss that immigrants face not just across the life course but across generations and how this loss may impact mental health. Much has been written and studied about the impact of historical trauma and loss on population health in the United States, particularly for Indigenous populations (Brave Heart, 2003; Duran & Duran, 1995). While there are multiple nuanced definitions across communities, Brave Heart defines historical trauma as the past and ongoing traumatic impacts of colonization on Indigenous communities in the United States that transmits across generations. This body of the literature speaks to the "historical and social events that have led to observed intergenerational stress responses among individual and groups" (Estrada, 2009). A conceptual model developed by Sotero (2006), which draws on social epidemiologic theories, outlines historical trauma and loss as a sequence of events and stages whereby mass trauma occurs, such as genocide, slavery, colonialism, which have health implications across multiple generations and is a major driver of present-day health inequities (Sotero, 2006). Historical trauma and loss can be in the form of physical trauma and loss (such as displacement, segregation, physical violence) as well as cultural trauma and loss and dispossession and economic disruptions and hardships. The physical, psychological, and social toll resulting from these traumas and losses manifests across generations.

While there is considerable evidence that historical trauma and loss have important social and health affects across generations, particularly among Indigenous and Black communities in the United States, there is limited research in this field for Latinx/@ immigrants specifically. Estrada presents important theoretical perspectives on historical trauma and loss among Mexican and Mexican-Americans, drawing on examples from populations living in the Southwestern United States (Estrada, 2009). A recent review examining intergenerational trauma among Latinx/@ populations in the United States and Canada found that the primary focus of the published literature is on individual-level experiences, with a strong focus on the mother–child dyad, with limited focus on the "contextualized trauma within frameworks of structural violence, or the political and economic organization of the social world that put individuals and populations in harm's way" (Cerdeña et al., 2021). Furthermore, a recent review by Orozco-Figueroa provides a historical and interdisciplinary perspective on mental health disorders drawing on a more Indigenous-based conceptualization for individuals of Mexican ancestry in the United States and highlighting the impact of historically traumatic events as well as intergenerational responses to historical trauma (Orozco-Figueroa, 2021). Finally, Cacari-Stone et al. demonstrate that historical trauma, specifically the legacy of colonialism and structural racism and oppression, for mestizo Latinx/@ communities is an important driver of health and well-being (Cacari Stone et al., 2021).

It is clear from the evidence presented on the impact of Latinx/@ immigrant experiences on mental health that important factors throughout the entire migration process (pre-, during, and post-migration), at multiple sociostructural levels, and across generations have consequential impacts on the mental health of this population. Therefore, accurately measuring Latinx/@ experiences of discrimination and historical loss is critical to understanding their mental health. Current measures, however, often overlook the unique social location and diverse lived experiences that this population presents. A large body of inquiry has emerged around decolonizing research and the need to prioritize authentic representation of the diverse experiences and voices, particularly decolonizing methodologies from Indigenous perspectives (Datta, 2018). Part of decolonizing research means conducting and cocreating the research with community members that prioritizes lived experiences and places epistemology at the center of the research. This article discusses the adaptation of measures of discrimination and historical loss, within a CBPR framework, with a Latinx/@ migrant population in New Mexico, as part of the IWP, and the implications for future research.

Materials and Method

CBPR Approach

The IWP is a CBPR effort to: (a) develop community–university partnership and capacity; (b) better understand the mental health of Latinx/@ immigrants and how it is impacted by stressors at multiple levels; and (c) improve the mental health and well-being of Latinx/@ immigrants by collectively responding to the increasingly toxic environments they face in the United States. The IWP includes a multilevel social justice intervention model adapted from the Refugee Well-Being Project (RWP), which involves bringing together university researchers and students, community organizations, and newcomer families to engage in mutual learning and mobilization

of community resources together for 6 months to reduce newcomers' stressors, increase protective factors (e.g., social support, English proficiency), make communities more responsive to newcomers, and ultimately improve newcomer mental health. Several studies of the RWP intervention model have demonstrated multiple positive outcomes for refugee participants (Goodkind, 2005; Goodkind et al., 2014). The IWP model with Latinx/@ immigrants is a core research project of the Transdisciplinary Research, Equity, and Engagement (TREE) Center for Advancing Behavioral Health at the University of New Mexico. The TREE Center is one of 12 institutions across the United States funded by the National Institute on Minority Health and Health Disparities (U54 MD004811-06).

IWP aims to reduce mental health disparities and underlying social inequities experienced by Latinx/@ immigrants using a CBPR approach that equitably involves community partners and researchers in all aspects of the research process, with all partners sharing in decision-making processes and contributing expertise (Wallerstein & Duran, 2010). A growing body of research has documented the impact of CBPR partnership processes on improving health outcomes (Cyril et al., 2015). Partnerships that adhere to CBPR principles have demonstrated positive impacts on health behavior; self-efficacy; perceived social support; empowerment; and improved health status, and have resulted in improved policies to reduce health inequities (Cacari-Stone et al., 2014). Furthermore, engaging and implementing a CBPR approach results in more rigorous research because it allows for a better understanding of local context and the incorporation of community knowledge into the research methods and the development of study instruments (Hess et al., 2021).

IWP was established in partnership with four community organizations working to help Latinx/@ immigrants thrive in New Mexico, including *Centro Sávila, Encuentro, New Mexico Dream Team, and the New Mexico Immigrant Law Center.* A full description of partnering organizations and processes is outlined elsewhere (Vasquez Guzman et al., 2020). Key members from all four organizations participated in the design, recruitment, implementation, data collection, analysis, and evaluation processes of this project. Our research team included four university faculty, one research coordinator, two graduate students, and eight community organization staff. Our team offered a unique lens through which to collect and analyze the data given the inclusion of faculty, staff, and students from the University and our community partners from the four organizations. Our team consisted of individuals with diverse statuses (U.S. citizens, Lawful Permanent Residents, people with Deferred Action for Childhood Arrivals, and undocumented immigrants). The majority of our team were either bilingual native Spanish speakers who were immigrants or children of immigrants, or were functionally bilingual in Spanish. A few team members did not speak any Spanish. This diversity was both an advantage in terms of empathizing and connecting with research participants' lived experiences, and also a challenge to ensure that all research team members had support and opportunities to process their own experiences and contribute their knowledge.

IWP Intervention Model

The IWP is a 6-month intervention with two main components: (a) learning circles, which involve cultural exchange and one-on-one learning and (b) advocacy, which involves undergraduate

paraprofessionals mobilizing resources with immigrant adults and transferring advocacy skills to them. The IWP employs a holistic approach that integrates advocacy and learning to address multiple needs of immigrants (i.e., English proficiency, access to resources, understanding of their environment, social support, valued social roles). However, rather than emphasizing only what immigrants need to learn to survive in the United States, the IWP focuses on mutual learning, through which immigrants both learn from and teach people born in the United States. Thus, immigrants' cultures, experiences, and knowledge are valued, while also providing them with opportunities to acquire necessary new skills and knowledge. IWP is centered on the learning circles, which enable participants to discuss their advocacy efforts, share ideas and resources, address an unfair institution/system collectively, and get interpretation or input from the facilitators. By combining advocacy and learning, the IWP incorporates immigrants' strengths and needs and addresses multiple aspects of the empowerment process: (a) building skills and knowledge for critical thinking and action (e.g., English proficiency, advocacy skills); (b) changing attitudes and beliefs (e.g., value of own culture, knowledge, self-efficacy); (c) validation through collective experiences; and (d) securing real increases in resources and power through action and systems-based advocacy.

IWP Data Collection Procedures

All study participants were recruited for the IWP project through community partner organizations. Data collection included semi-structured qualitative interviews (described elsewhere: see Vasquez Guzman et al., 2020) as well as quantitative surveys that were administered using computer-assisted personal interviews software (Questionnaire Development Systems; Nova Research Company) by trained research staff and community partners. Data were collected in Spanish at four timepoints for each participant over a period of 12 months (preintervention, midintervention, postintervention, and 6-month follow-up). The present analyses utilize baseline data from three cohorts of participants who participated in the study between 2018 and 2021. Interviewers engaged in three 2-hr trainings in interviewing procedures for the project. Additional aspects of the training included human subjects' protection, skill building to increase empathy skills, and knowledge around emergency protocols (e.g., emergency protocols in place for participants who expressed psychological distress). Each interview was conducted by either one research staff member or a community partner and research staff member team. All study procedures were approved by the University of New Mexico institutional review board (Protocol #22217; Study Title: Addressing the Social-Structural Determinants of Mental Health through Adaptation of a Transdisciplinary Ecological Intervention Model for Mexican Immigrants) and all participants provided informed consent to participate in the study. The project received a certificate of confidentiality from the National Institute of Health to protect the identities of research participants.

Collaborative Measures Adaptation Process

Research team members from all four organizations participated in the adaptation process. We implemented a participatory approach for the adaptation of the quantitative measures. Our team's collaborative and inclusive approach involving faculty, staff, students, *and*

community partners was essential and began prior to data collection and analysis. In September of 2018, we held a half-day retreat with community partners to review the quantitative instrument draft and the open-ended questions for the qualitative portions of the interviews. All sections were reviewed, with particular focus on the adapted scales and questions assessing discrimination and historical loss, which had not previously been included in the RWP, but were proposed for this study because of their potential relevance to the experiences and well-being of Latinx/@ immigrants.

During the retreat, participants broke out into smaller groups with the goal of reviewing different sections. Each group was composed of two university research team members and two or three community partner members. All groups incorporated bilingual study team members and discussions were conducted in both Spanish and English. After the breakout sessions, the larger group reconvened and discussed major themes or other issues regarding each section of the interview. After the retreat, the university research team compiled all notes from the small group sessions and revised and edited the sections to reflect the valuable community partner feedback. Final versions were shared with community partners for final review. The following sections describe the questions and scales that we selected and the adaptations that were made throughout the participatory review process for the two major constructs of interest: discrimination and historical loss.

Major Experiences of Discrimination. The Major Experiences of Discrimination Scale is a nine-item measure of overall experiences of discrimination throughout a respondent's life (Williams et al., 2008). Questions assess the frequency to which respondents have been treated unfairly in their lifetime in 19 situations (e.g., "For unfair reasons, have you ever not been hired for a job?"). Frequency items are measured dichotomously (yes/no) and items that are endorsed (yes) are followed up with a question regarding the attribute or "main reason" for the experience (e.g., "your age" and "your race"). Initial examinations indicate that the scale demonstrates good psychometric properties and is an accurate measure of lifetime discrimination experiences (Williams et al., 2008). Scores are calculated by summing the number of situations that respondents endorse in their lifetime due to their race.

Adaptations made to the major experiences of discrimination scale included creating new questions that addressed experiences of discrimination consistent with Latinx/@ migrant experiences. Additions included: (a) "Ever had to wait longer than others or being treated poorly because you could not speak English well"; "Have you ever been unfairly stopped or questioned about your legal status in the US?" Other adaptations were made to expand the attribute response options for participants as a possible explanation for the experience of discrimination to include legal status, skin tone, a physical disability, ability to speak English, and primary language not being English.

Everyday Discrimination. The Expanded Everyday Discrimination Scale is a 10-item measure of experiences of discrimination in everyday life (Williams et al., 2008). Questions assess the frequency to which respondents are treated unfairly in 10 different situations throughout their daily lives (e.g., "You are treated with less courtesy than other people are" and "You are threatened or harassed"). Situations that are endorsed are then followed by a question regarding the "main reason" for the

experience(s) with 11 response options (e.g., "your race" and "your gender"). Participants were asked the frequency of their experience in the past year and response options were on a 4-point response scale (1 = *never*, 5 = *four or more times*). Higher scores indicated higher levels of daily experienced discrimination. Overall, psychometric evidence points to the Everyday Discrimination Scale exhibiting good psychometric properties suggesting it is an accurate measure of everyday experiences of discrimination across diverse samples (Sternthal et al., 2011). For the purposes of the present study, the scale was scored as unidimensional (Kessler et al., 1999). Adaptations to the scale included adding response options to indicate the main attribution for the experience of discrimination. These included legal status, ability to speak English, and primary language not being English.

Historical Loss. Historical loss was assessed using the Historical Loss Scale (HLS; Whitbeck et al., 2004). The HLS is a 12-item cumulative measure of historical loss (e.g., loss of land and language). The measure was designed by and for American Indian/Alaska Native individuals and it is often co-administered with the Historical Loss Associated Symptoms Scale—a complimentary measure of the symptoms experienced as a result of the historical losses (e.g., depression, anger, anxiety). The scale has been found to exhibit good psychometric properties and to be an accurate measure of historical loss for American Indian/Alaska Native (AI/AN) people (Whitbeck et al., 2004). Given that the scale was developed and designed for AI/AN peoples, there are no data to suggest that this scale is a psychometrically valid measure of historical loss in Latinx/@ immigrants.

The HLS scale items were reviewed with community partners and members of the research team, as discussed for previous scales above. Even though the HLS was developed and validated in an American Indian/Alaska Native sample, the workgroup assigned to review the HLS determined that the scale was appropriate given the historical context of New Mexico's statehood and the indigeneity common in Latinx/@ immigrant populations. In addition to adding topics to the measure that included loss of Spanish language, involuntary separation from home village, family separation, loss of trust in people in the United States from the treatment received, and losses from the effects of drugs, it was decided that given the novelty of the scale with this population, a second follow-up question for each item would be asked for the present study. Participants were asked, "What do you think was the main reason for this loss?" and could select from 15 response options including: war, political intervention by the United States, political strain or violence in home country, immigration or migration to the United States, being a refugee, gang violence, drug violence, U.S. Immigration and Customs Enforcement, deportation, foster care, economic strain/poverty, and language. Participants also had the option to write in a different reason.

Statistical Analysis of Adapted Measures for IWP

Quantitative data were exported to SPSS, Version 26, for data analysis. Data from all three cohorts were combined for analysis. Univariate analyses were conducted to characterize the different content domains and measures. Specifically, frequencies, means, and standard deviations of the questions and scale items were

computed. Additionally, Cronbach's α statistics were computed to assess reliability. Findings were examined by scale.

Results

Sample Demographics

Table 1 presents the sample demographics for the study population. The total sample consisted of 52 Spanish-speaking, Latinx/@ immigrants primarily from Mexico (84.6%), female (86.5%), and married (51.0%). The mean age for the sample was 39.3 years ($SD =$ 9.7) ranging from 18 to 60 years of age. Participants had an average of approximately three children per household ($SD = 1.5$). On average, participants lived slightly less time in Albuquerque, NM ($M = 11.6$ years; $SD = 9.2$), the location of the present study, than in the United States ($M = 13.7$ years; $SD = 9.5$). All participants ($N = 52$) indicated that their Native language was Spanish. The education level across the sample was varied including about a quarter who reported less than a high school level education (26.9%), a little over a third who reported being high school educated (38.5%), and about a third who reported achieving an educational level beyond high school (34.6%). Over half of the sample consisted of employed individuals ($n = 28$; 53.9%), only five of whom received job-related benefits (9.6%). With the exception of employment status, sample demographics were consistent across the cohorts (data not shown).

Table 1
IWP Sample Demographics

Variable	All cohorts (*N*:52) *M* ± *SD* (range) or *n* (%)
Age (years)	39.3 ± 9.7 (18–60)
Gender (female)	45 (86.5)
Nation of origin	
Mexico	44 (84.6)
Central America	3 (5.8)
South America	3 (5.8)
United States[a]	2 (3.9)
Marital status[b]	
Single	14 (27.5)
Married	26 (51.0)
Cohabitating	4 (7.8)
Divorced	7 (13.7)
Number of children	2.8 + 1.5
Time in the United States	13.7 ± 9.5 (0–46)
Time in Albuquerque, NM[a]	11.6 ± 9.2 (0–46)
Education level[b]	
Less than high school	14 (26.9)
High school/GED	20 (38.5)
Trade school graduate	2 (3.8)
Some college	5 (9.6)
Associates degree (2 years)	3 (5.8)
Bachelor's degree	5 (9.6)
Graduate or professional	3 (5.8)
Currently employed	28 (53.9)
Receives job-related benefits	5 (9.6)
Currently a student	12 (23.1)
Language	
Spanish native	52 (100.0)
Perceived English proficiency	1.1 ± 0.7

Note. IWP = Immigrant Well-Being Project; NM = New Mexico; GED = General Educational Development.
[a] Two participants were children of immigrants who were born in the United States. [b] Two participants declined to answer this question.

Discrimination Measures

Participants indicated previous experiences of discrimination as measured by the Major Experiences of Discrimination Scale (see Table 2). Most frequently, participants reported having to wait longer than others or having been treated poorly because they could not speak English well ($n = 28$; 53.9%). Participants also reported being fired unfairly from a job ($n = 15$; 28.9%), citing a range of attributes, most commonly due to their legal status. The third most frequent form of discrimination reported was when neighbors made life difficult for participants and their families in their neighborhood ($n = 11$; 21.2%), followed by almost 20% ($n = 10$) of participants reporting discrimination related to not being hired for a job. Participants reported on a wide range of other discriminatory experiences including being unfairly stopped or searched by police ($n = 9$; 17.3%), being unfairly denied a promotion ($n = 8$; 15.4%), being unfairly denied a bank loan ($n = 8$; 15.4%), and being unfairly questioned about legal status ($n = 7$; 13.5%), as well as receiving worse service than others ($n = 6$; 11.5%) and being unfairly discouraged from continuing education. All items in this scale were endorsed by at least one participant.

Out of the 11 items on this scale, participants frequently reported legal status and race as two of the most common reasons for such discriminatory experiences. Legal status was the most frequently reported reason for discrimination for being denied a bank loan (62.5%), being not hired for a job (60%), being unfairly fired from a job (40%), being denied a promotion (37.5%), and being unfairly stopped or questioned about legal status (28.6%). Race was indicated as the primary reason of discrimination for being unfairly stopped, searched, questioned physically threatened or abused by the police (55.6%), when neighbors were making their life difficult for them and their families (27.3%), and being unfairly stopped or questioned about legal status (28.6%). For all questions, participants were given the option to write in "other" explanations for their experiences. Examples of write-in responses included specific examples of financial- (e.g., access to checks), employment- (e.g., employers denying promotions and wage increases, favoritism), and housing- (e.g., being kicked out of housing so that landlords can increase rent, staying in housing when feeling unsafe because financially unable to break lease) related reasons for these experiences. The internal consistency for the scale indicated acceptable reliability (Cronbach's α = 0.62).

For the everyday experiences of discrimination (see Table 3), the two most commonly reported experiences of discrimination included: People acted as if they were better than you ($n = 35$; 67.3%) and treated you with less courtesy than other people ($n = 35$; 67.3%). The third most common everyday experience was being treated with less respect than other people ($n = 29$; 55.8%), followed by people acted as if they think you are not smart ($n = 25$; 48.1%). A little less than half reported receiving poorer services than others at restaurants or stores ($n = 22$; 42.3%) and about a third ($n = 18$; 34.6%) reported being threatened or harassed as well as being called names or insulted ($n = 17$; 32.7%). Finally, about a quarter of the participants reported that people act as if they are dishonest ($n = 12$; 23.1%), and a few being followed around in stores ($n = 5$; 9.6%). All 10 items within this scale were endorsed by respondents.

For six of the items on this scale, participants reported their race as being the primary reason for experiencing everyday

Table 2

Major Experiences of Discrimination Scale

Baseline individual item responses and attributes	All cohorts (N:52) n (%)
Unfairly fired from a job	15 (28.9)
Age	1 (6.7)
Legal status	6 (40.0)
Skin tone	1 (6.7)
Education level or income	1 (6.7)
English proficiency	3 (20.0)
Other	3 (20.0)
Not been hired for a job	10 (19.2)
National origin	1 (10.0)
Race	1 (10.0)
Legal status	6 (60.0)
Education level or income	1 (10.0)
English proficiency	1 (10.0)
Unfairly denied a promotion	8 (15.4)
Legal status	3 (37.5)
Education level or income	1 (12.5)
English proficiency	1 (12.5)
Nonnative English speaker	1 (12.5)
Other	2 (25.0)
Unfairly stopped, searched, questioned, physically threatened or abused by the police	9 (17.3)
National origin	1 (11.1)
Gender	1 (11.1)
Race	5 (55.6)
English proficiency	1 (11.1)
Other	1 (11.1)
Unfairly discouraged by a teacher or advisor from continuing your education	6 (11.5)
Race	1 (16.7)
Legal status	1 (16.7)
Skin tone	1 (16.7)
Education level or income	1 (16.7)
English proficiency	1 (16.7)
Other	1 (16.7)
Unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment	4 (7.7)
Age	1 (25.0)
Other	3 (75.0)
Moved into a neighborhood where neighbors made life difficult for you or your family	11 (21.2)
National origin	2 (18.2)
Race	3 (27.3)
Education level or income	1 (9.1)
Nonnative English speaker	1 (9.1)
Other	4 (36.4)
Unfairly denied a bank loan	8 (15.4)
Gender	1 (12.5)
Race	1 (12.5)
Legal status	5 (62.5)
Other	1 (12.5)
Received service from someone such as a plumber or mechanic that was worse than what other people got	6 (11.5)
Gender	1 (16.7)
Race	1 (16.7)
Legal status	1 (16.7)
English proficiency	2 (33.3)
Other	1 (16.7)
Unfairly stopped or questioned about your legal status in the United States	7 (13.5)
Gender	1 (14.3)
Race	2 (28.6)

(table continues)

Table 2 *(continued)*

Baseline individual item responses and attributes	All cohorts (N:52) n (%)
Legal status	2 (28.6)
English proficiency	1 (14.3)
Other	1 (14.3)
Ever had to wait longer than others or being treated poorly because you could not speak English well	28 (53.9)
National origin	1 (3.6)
Race	5 (5.8)
Legal status	1 (3.6)
Skin tone	1 (3.6)
English proficiency	12 (42.9)
Nonnative English speaker	6 (21.4)
Other	2 (7.14)
Scale Descriptive Statistics and Reliability	M ± SD (range): 0.20 ± 0.18
Reliability (Cronbach's α)	0.62

Note. Explanations including religion, height/weight, sexual orientation, and physical disability were excluded from the table due to participants not endorsing these explanations.

discrimination, with the highest percentage related to receiving poorer service at restaurants or stores (40.9%) and being followed around in stores (40%); followed by being treated with less respect than others (37.9%), people acting as if they are not smart (36%), being treated with less courtesy than others (34.3%), and people acting as if they are better than you are (22.9%). Cronbach's α was 0.84, suggesting good overall internal consistency for the scale in our sample.

Historical Loss Measure

Table 4 documents participant responses to the HLS. The most common form of loss reported by participants was family separation, with almost two-thirds of the sample reporting thinking about this loss at some point (63.5%) and a quarter of those participants reporting thinking about this loss on a daily basis (21.2%). About one-third of respondents reported thinking about loss related to involuntary separation from home village (36.5%); loss of traditional spiritual ways (32.7%); loss of trust in people in the United States (34.6%), loss of traditional culture (32.7%); and loss of people through early death (34.6%). A smaller proportion of the sample reported thinking about the loss of Spanish language (21.1%), loss of self-respect due to poor treatment by government officials (19.2%), loss of land (17.4%), and loss of respect for elders by children (17.3%). The least commonly reported items included the loss of Indigenous language (5.8%), and losses due to alcoholism (5.8%) or drugs (3.8%).

When asked about the potential causes of these losses, participants provided a range of responses (see Table 4). Immigration or migration to the United States was the primary reason as reported by respondents for loss related to the loss of traditional culture (76.5%), loss of respect by children for traditional ways (69.2%), involuntary separation from home country (68.4%), loss related to family separation (60.6%), as well as the primary reason for loss of traditional spiritual ways (47.1%). The response "other" was the most common response for six of the items: loss from effects of

Table 3
Everyday Discrimination Scale

Baseline individual item responses and attributes (Once or more in the last year[a])	All cohorts (N:52) n (%)
Treated with less courtesy than other people	35 (67.3)
National origin	3 (8.6)
Race	12 (34.3)
Legal status	1 (2.9)
English proficiency	9 (25.7)
Nonnative English speaker	8 (22.9)
Height or weight	1 (2.9)
Other	1 (2.9)
Treated with less respect than other people	29 (55.8)
National origin	3 (10.4)
Gender	1 (3.5)
Race	11 (37.9)
Skin tone	1 (3.4)
English proficiency	6 (20.7)
Nonnative English speaker	5 (17.2)
Other	2 (6.9)
Received poorer service than other people at restaurants or stores	22 (42.3)
National origin	2 (9.1)
Race	9 (40.9)
Skin tone	2 (9.1)
English proficiency	3 (13.6)
Nonnative English speaker	3 (13.6)
Other	2 (9.1)
Do not know	1 (4.5)
People acted as if they think you are not smart	25 (48.1)
Age	1 (4.0)
National origin	1 (4.0)
Race	9 (36.0)
Legal status	1 (4.0)
Education or income	2 (8.0)
English proficiency	5 (20.0)
Nonnative English speaker	3 (12.0)
Other	3 (12.0)
People acted as if they are afraid of you	8 (15.4)
Gender	1 (12.5)
Race	2 (25.0)
English proficiency	1 (12.5)
Other	4 (50.0)
People acted as if they think you are dishonest	12 (23.1)
Age	1 (8.3)
National origin	1 (8.3)
Gender	1 (8.3)
Race	2 (16.7)
Skin tone	2 (16.7)
Nonnative English speaker	1 (8.3)
Religion	1 (8.3)
Other	1 (8.3)
Don't know	2 (16.7)
People acted as if they are better than you are	35 (67.3)
Age	1 (2.9)
National origin	3 (8.6)
Gender	3 (8.6)
Race	8 (22.9)
Legal status	3 (8.6)
Skin tone	1 (2.9)
Education or income	2 (5.7)
English proficiency	5 (14.3)
Nonnative English speaker	4 (11.4)
Other	5 (14.3)
You have been called names or insulted	17 (32.7)
Age	1 (5.9)
National origin	2 (11.8)
Gender	1 (5.9)

(table continues)

Table 3 *(continued)*

Baseline individual item responses and attributes (Once or more in the last year[a])	All cohorts (N:52) n (%)
Race	1 (5.9)
Legal status	2 (11.8)
Skin tone	2 (11.8)
Education or income	2 (11.8)
English proficiency	3 (27.3)
Nonnative English speaker	1 (5.9)
Height or weight	1 (5.9)
Other	1 (5.9)
You have been threatened or harassed	18 (34.6)
Age	1 (5.6)
National origin	1 (5.6)
Gender	3 (16.7)
Race	1 (5.6)
Legal status	3 (16.7)
Skin tone	2 (11.1)
Height or weight	1 (5.6)
Other	6 (33.3)
You have been followed around in stores	5 (9.6)
National origin	1 (20.0)
Race	2 (40.0)
Skin tone	1 (20.0)
Other	1 (20.0)
Scale descriptive statistics and reliability	M ± SD (range): 0.07 ± 0.06
Reliability (Cronbach's α)	0.84

[a] Response items included (1) never, (2) once, (3) two to three, (4) four or more times. Explanations including sexual orientation and physical disability were excluded from the table due to participants not endorsing these explanations.

drugs (100.0%), loss of respect by children and grandchildren to elders (66.7%), loss of land (55.6%), loss of Indigenous language (50.0%), loss of trust in people in the United States from the treatment received (44.4%), and loss of people due to early death (44.4%).

Examples of write-in reasons when participants selected "other" included loss of land due to issues related to the Mexican government and paperwork discrepancies as well as issues related to climate change. Write-in responses for loss of Indigenous language included moving within the country and not practicing their language. For loss of traditional spiritual ways, some examples of write-in responses included that their loss was due to fear of persecution and immigration status. Additionally, participants reported a loss of traditional spiritual ways being due to the United States being more secularized, restrictions from the COVID-19 pandemic (unable to attend services or events), and also due to the difference of culture between the United States and the participant's home country.

For the loss of trust of people in the United States , some of the write-in responses included feelings of not belonging, treatment from doctors seeing them as patients but not as people, political tensions in the United States , and unequal treatment from government agencies. Reasons for losses from the effects of drugs included separations and conflicts between families. For loss of respect by children and grandchildren toward elders, participants reported that young people are too liberal, are raised in another culture (United States), and there is a loss of values within younger generations. Finally, for loss of people due to early death, the write-in responses

Table 4

Historical Loss Scale

Individual items responses	All cohorts (*N*:52) *n* (%)	Attributes responses	*n* (%)
Loss of land[b]			9 (17.3)
Never	43 (82.7)	Immigration or migration to the United States	2 (22.2)
Yearly/special occasions	4 (7.7)	Gang violence	3 (33.3)
Monthly	2 (3.9)	Economic strain/poverty	1 (11.1)
Weekly	0 (0)	Other reason	5 (55.6)
Daily	2 (3.9)		
Several times a day	1 (1.9)		
Loss of Indigenous language[b]			4 (7.7)
Never	48 (92.3)	Political strain or violence in home country	1 (25.0)
Yearly/special occasions	2 (3.9)	Immigration or migration to the United States	1 (25.0)
Monthly	0 (0)	Other reason	2 (50.0)
Weekly	0 (0)		
Daily	0 (0)		
Several times a day	1 (1.9)		
Don't Know	1 (1.9)		
Loss of Spanish language[a]			11 (21.2)
Never	41 (78.9)	Political intervention by the United States	1 (9.1)
Yearly/special occasions	8 (15.4)	Immigration or migration to the United States	4 (36.4)
Monthly	1 (1.9)	Language	1 (9.1)
Weekly	1 (1.9)	Other reason	4 (36.4)
Daily	1 (1.9)		
Several times a day	0 (0)		
Losing our traditional spiritual ways			17 (32.7)
Never	35 (67.3)	Immigration or migration to the United States	8 (47.1)
Yearly/special occasions	13 (25.0)	Gang violence	1 (5.9)
Monthly	2 (3.9)	Economic strain/poverty	1 (5.9)
Weekly	1 (1.9)	Other reason	5 (29.4)
Daily	0 (0)		
Several times a day	1 (1.9)		
Involuntary separation from home village[a]			19 (36.5)
Never	33 (63.5)	Immigration or migration to the United States	13 (68.4)
Yearly/special occasions	10 (19.2)	Gang violence	3 (15.8)
Monthly	3 (5.8)	Economic strain/poverty	2 (10.5)
Weekly	3 (5.8)	Other reason	1 (5.3)
Daily	2 (3.9)		
Several times a day	1 (1.9)		
Family separation[a]			33 (63.5)
Never	19 (36.5)	Political strain or violence in home country	1 (3.1)
Yearly/special occasions	13 (25.0)	Immigration or migration to the United States	20 (60.6)
Monthly	5 (9.6)	Being a refugee	1 (3.1)
Weekly	2 (3.9)	Gang violence	2 (6.1)
Daily	11 (21.2)	Deportation	1 (3.1)
Several times a day	2 (3.9)	Economic strain/poverty	3 (9.1)
		Other reason	4 (12.1)
		Don't know	1 (3.1)
Loss of self-respect from poor treatment by government officials			10 (19.2)
Never	42 (80.8)	Immigration or migration to the United States	3 (30.0)
Yearly/special occasions	5 (9.6)	Gang violence	1 (10.0)
Monthly	2 (3.9)	ICE	2 (20.0)
Weekly	0 (0)	Language	1 (10.0)
Daily	2 (3.9)	Other reason	3 (30.0)
Several times a day	1 (1.9)		
Loss of trust in people in the United States from the treatment received[a]			18 (34.6)
Never	34 (65.4)	Immigration or migration to the United States	3 (16.7)
Yearly/special occasions	10 (19.2)	Economic strain/poverty	1 (5.6)
Monthly	5 (9.6)	Language	5 (27.8)
Weekly	1 (1.9)	Other reason	8 (44.4)
Daily	2 (3.9)	Don't know	1 (5.6)
Several times a day	0 (0)		

(table continues)

Table 4 (*continued*)

Individual items responses	All cohorts (N:52) n (%)	Attributes responses	n (%)
Loss of traditional culture[b]			17 (32.7)
Never	35 (67.3)	Political strain or violence in home country	1 (5.9)
Yearly/special occasions	11 (21.2)	Immigration or migration to the United States	13 (76.5)
Monthly	0 (0)	Economic strain/poverty	1 (5.9)
Weekly	1 (1.9)	Other reason	2 (11.8)
Daily	4 (7.7)		
Several times a day	1 (1.9)		
Losses from the effects of alcoholism[b]			3 (5.8)
Never	49 (94.2)	Immigration or migration to the United States	2 (66.7)
Yearly/special occasions	2 (3.9)	Other reason	1 (33.3)
Monthly	0 (0)		
Weekly	0 (0)		
Daily	1 (1.9)		
Several times a day	0 (0)		
Losses from the effects of drugs[a]			2 (3.9)
Never	50 (96.2)	Other reason	2 (100.0)
Yearly/special occasions	0 (0)		
Monthly	1 (1.9)		
Weekly	1 (1.9)		
Daily	0 (0)		
Several times a day	0 (0)		
Loss of respect by our children and grandchildren for elders			10 (19.2)
Never	43 (82.7)	Immigration or migration to the United States	2 (22.2)
Yearly/special occasions	2 (3.9)	Language	1 (11.1)
Monthly	2 (3.9)	Other reason	6 (66.7)
Weekly	2 (3.9)	Don't know	1 (11.1)
Daily	3 (5.8)		
Several times a day	0 (0)		
Loss of our people through early death			18 (34.6)
Never	34 (65.4)	Immigration or migration to the United States	4 (22.2)
Yearly/special occasions	8 (15.4)	Gang violence	2 (11.1)
Monthly	1 (1.9)	Drug violence	1 (5.6)
Weekly	0 (0)	Economic strain/poverty	1 (5.6)
Daily	9 (17.3)	Other reason	8 (44.4)
Several times a day	0 (0)	Don't know	2 (11.1)
Loss of respect by our children for traditional ways			13 (25.0)
Never	39 (75.0)	Immigration or migration to the United States	9 (69.2)
Yearly/special occasions	6 (11.5)	Other reason	4 (30.8)
Monthly	2 (3.9)		
Weekly	4 (7.7)		
Daily	1 (1.9)		
Several times a day	0 (0)		
Scale descriptive statistics and reliability, M ± SD (range)			1.26 ± 0.77
Reliability (Cronbach's α)			0.67

Note. ICE = immigration and customs enforcement.
[a] Item added to original scale. [b] Wording of item changed from the original scale.

included cancer, depression, suicide, automobile accidents, miscarriage, and COVID-19 infections.

Discussion

To understand and improve the mental health of Latinx/@ immigrants, it is essential to accurately measure the ways in which the broader social, legal, economic, and political context impact mental health outcomes. Experiences of discrimination and historical loss are two pathways through which inequitable and stressful contexts for Latinx/@ immigrants lead to mental health disparities. Thus, we adapted available instruments to meaningfully capture and

measure these diverse and complex identities and experiences. The community-engaged adaptation of existing measures is especially important for Latinx/@ immigrants, given the limitations of existing measures that likely underestimate and inadequately define constructs that are influenced by the specific migration trajectories and the circumstances they face in the U.S. postmigration (Becerra, 2016). In this study, we found that the adaptation and use of previously validated measures of discrimination and historical loss were critical steps in moving toward a more complete understanding of Latinx/@ immigrant experiences. While replication of these findings in a larger more representative Latinx/@ immigrant sample is necessary to validate our adaptation of these measures, this

study represents an important contribution to the literature from a decolonizing and CBPR perspective.

Using a CBPR Approach

Research methods to adapt instruments often rely on using psychometric testing, such as factor analysis and item response theory, to determine the appropriate validity and appropriateness of measures in diverse populations. The IWP study prioritized the voices and lived experience of community members to guide the adaptation process of the scales. Community-engaged and participatory instrument adaptation to address these critical areas of Latinx/@ immigrants' experiences was a multistep process, valuing the knowledge and expertise, lived experiences, and voices of the community and was critical in the adaptation of a more accurate set of measures. Gaining the insight of community members, including staff and members of four community partner organizations, and having ongoing research retreats where we reflected on the acceptability of interview questions and how participants responded to them, were all critical to our approach. This ensured that the administration of the measures was more meaningful, understandable, and valid for respondents.

Expanding Measurement of Discrimination

Research on how discrimination affects the lives of racial minorities emerged during an era when Black Americans were faced with housing and education discrimination, among other forms of overt and blatant racism and discrimination, thus shaping the foundation of theoretical understanding of differences and experiences of exclusion based on this binary comparison (Dovidio et al., 2010). Current evidence on the health impacts of discrimination for minoritized racial and ethnic populations reveals a complex multilevel set of pathways that encompass structural, institution, cultural, and individual forms of discrimination that impact health (Blank et al., 2004). Findings from an extensive review of the evidence by Williams and Mohammed (2013) demonstrate that institutional and cultural forms of discrimination in particular are major contributors to health inequities (Williams & Mohammed, 2013). The social, cultural, political, and economic context for Latinx/@ immigrant populations is complex and fluid (Brenes, 2019; Castañeda et al., 2015; Lee & Zhou, 2020), thus the tools we use to measure these experiences and their impact on health in this population must take into account these dynamics.

We found that it is possible to adapt and use standardized measures of discrimination that have been developed to assess the experiences of other racial and ethnic groups. Although respondents endorsed a wide range of experiences and attributes found within the existing measures, many of the most common responses involved the items and response options that we added based on feedback from community research team members, such as ability to speak English, skin color, and legal status. These findings highlight not only the importance of community-engaged research approaches in the adaptation of available measures but also the potential need for inclusion of these items in future discrimination research to better capture the experiences of Latinx/@ immigrants. Our findings also reinforce the need to continue to deconstruct concepts such as discrimination, recognizing that they are not monolithic experiences, and potentially speak to the need for community-engaged scale development to

ensure the measures used to study well-being are centering the lived experience of Latinx/@ immigrants.

Latinx/@ immigrants have a unique social location in the United States. Although usually classified as a single ethnic group, Latinx/@ immigrants are heterogeneous, representing a wide variety of national origins, racial, ethnic, and cultural groups, and legal statuses (Alegría et al., 2008). They include Indigenous, European, Latin, and African populations. Furthermore, recent immigrants may not have the same understanding or perception of race or discrimination as U.S.-born individuals, given the diversity of contexts and experiences in their home countries. However, over time, research suggests that their perceptions and lived experiences contribute to an evolving understanding, perception and embodiment of discrimination. Therefore, a focus on their experiences of discrimination at multiple levels and multiple time points (pre-, during, and post-migration), and directing attention to Latinx/@ immigrants as a heterogeneous population is critical and is especially important given the current sociopolitical environment.

Reconceptualizing Historical Loss for Latinx/@ Populations

Immigration is fraught with challenges and trauma for many Latinx/@ immigrant individuals and communities emphasizing multiple interlocking systems of oppression. Some scholars have argued that race-based trauma and loss are on the rise for people of color and Indigenous populations (Comas-Díaz et al., 2019) and emphasize the impact across the lifespan and across generations (Gee & Ford, 2011). Additional research is needed to understand historical loss among Latinx/@ immigrants who leave everything behind including their land and home. Our study found that the HLS—even with the adaptations that were made—may not have fully resonated with participants. We found that there was a high frequency of "never" answers for many of the items, particularly land and language loss, possibly indicating that specific items on the scale may not have been relevant for participants or did not capture the experiences of this population regarding loss. Importantly, the items we added to the scale that centered on separation (either from homeland or from family) and loss of culture seemed to resonate the most with participants.

Overall, we found that there were diverse and varied experiences regarding how loss is conceptualized among Latinx/@ immigrants. This is important when thinking about how best to measure loss in a population with diverse experiences, knowledge, and perceptions. There are important considerations in assessing the impact of loss in this population of immigrants. First, bringing up the concept of loss among Latinx/@ immigrant populations can be retraumatizing and oftentimes not discussing their journey to the United States is a way of coping. Second, the framing of *historical* loss may not be appropriate for this population because the main traumas they experience may be ongoing. This has been found to be a consideration among some Indigenous communities as well (Goodkind et al., 2015). For example, Latinx/@ immigrant families have losses related to leaving their homeland and their families during their migration experience, but once here in the United States, there may be a second experience of family separation that is directly related to immigration policies including border militarization and deportation. Thus, loss related to family separation is both historical and current. We found that losses related to involuntary separation from

home and community and family separation were indeed concepts that were commonly thought about. This important continuum of experiences and perceptions (historical and current) must be taken into consideration in developing appropriate and valid measures of loss for Latinx/@ immigrant populations. Our initial efforts to adapt a measure of historical and current loss warrant further testing and validation in a larger sample.

Limitations and Future Research

Although this study was based on a relatively small sample size and was composed of a sample of participants mainly from Mexico, it provided important descriptive insights into the complex dynamics of Latinx/@ immigrant experiences. In order to apply these findings more broadly, the next step in this research should be to implement these adapted measures with a larger and more heterogeneous sample of Latinx/@ immigrant respondents and use mixed methods to understand the complex reality of Latinx/@ immigrants whose experiences are currently being shaped by the social–cultural–political climate of the United States and whose experiences have been shaped for generations by structural violence, colonialization, and discrimination in Latin America and in the United States. Limiting this research to individual-level quantitative data may miss important aspects of how discrimination and loss, across the lifecourse and over generations, impacts health of Latinx/@ populations, particularly for immigrant populations (Cerdeña et al., 2021; Orozco-Figueroa, 2021). Combining quantitative methods with qualitative methods is ideal to address the complexities of the migration experience, at multiple levels, and across generations. While we cannot draw broad generalizations based on this initial research, the long-term goal of this work is to develop better instruments for this diverse population that can more accurately measure these complex experiences, with the ultimate objective of promoting the mental health and well-being of Latinx/@ immigrant populations.

Conclusion

The growing Latinx/@ immigrant population is a diverse and heterogeneous population with a myriad of unique social–cultural–political factors affecting their overall experiences in the United States. Oftentimes we lose the opportunity to capture such nuance and evolving changes, particularly when using instruments that are designed to capture mainstream conceptualizations and understandings of experiences of discrimination and loss. It is imperative to be more cognizant of how standardized and validated instruments may not be the most accurate for certain populations, such as recent immigrants to the United States, and to be aware of the need to adapt these instruments. A growing number of scholars are engaged in decolonizing research and academia (Datta, 2018). These efforts become especially important in this context given the need to challenge not only Eurocentric research practices but also Eurocentric understandings and conceptualizations that undermine local or nonmainstream knowledge and experience. Communities and researchers continue to grapple with how and in what ways to engage in these processes in authentic ways. The IWP study provides an important opportunity to contribute to these endeavors through involving community members in changing the conceptualization and measurement of discrimination and historical loss among Latinx/@ immigrants.

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