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Familismo and Familial Support on the Psychological Effects of Traumatic Event Exposure in Latinx Populations in the Midwest

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FAMILISMO AND FAMILIAL SUPPORT ON THE PSYCHOLOGICAL EFFECTS OF TRAUMATIC EVENT EXPOSURE IN LATINX POPULATIONS IN THE MIDWEST

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Abstract

Embedded within Latinx culture is *Familismo,* which serves as a source of strength and support for family members, while also shedding light on how familial support influences mental health. This study explores how *Familismo* and familial support impact the psychological effects of traumatic event exposure among Latinx populations in the Midwest. Analyzing data from 80 Latinx residents, I examined the relationship between familial support, traumatic event exposure, and mental health outcomes, focusing on depression and posttraumatic stress disorder (PTSD) symptoms. Results indicated a negative association between familial support and PTSD symptoms, indicating that higher support levels correlated with reduced PTSD symptomology. Results did not indicate a relationship between familial support and depressive symptoms. Furthermore, it was found that familial support did not moderate the effects of polyvictimization or abuse by a caregiver on mental health outcomes. The findings suggest that while familial support does not mitigate the effects of a traumatic event, it is related to lower levels of symptomology, which may be beneficial for an individual who may face such experiences. Thus, highlighting the significance of familial support across all stages of life.

Key Words: *Familismo,* Familial Support, Latinx, Mental Health, Traumatic Event Exposure

Introduction

The manifestation of family values and their significance within the family dynamic varies across cultures. In U.S. Latinx cultures, *Familismo* is a cultural value rooted in unity and familial connection (Campos et al., 2014). *Familismo* has been associated with better mental health outcomes across a variety of domains (e.g., depression). Mental health profoundly influences an individual's perception of the world and their overall life satisfaction. Being mentally and emotionally well can create grounds for a fulfilling life. The family unit plays a pivotal role, with implications that can span a lifetime. Interdependence within the family system is what serves as the glue to these familial bonds. *Familismo* can serve as a protective barrier against the effects of traumatic events that do not originate within the family. Understanding how familial support fosters personal and mental growth is crucial in comprehending the impact of traumatic experiences on individuals. Familial support may shield individuals from extreme effects of traumatic events, which could distinguish them from those who do not endorse this cultural value.

Familismo: Definition and Role within Mental Health

According to Stein and colleagues (2014), *Familismo* encompasses four primary components: support or cohesion, obligation, respect, and family as referent. Within the domain of support, family members serve as sources of advice, encouragement, and guidance. Obligation refers to the contributions and interdependence to the family, emphasizing the expectations for each member's participation. Respect refers to valuing parents and elders, drawing wisdom from their experiences. Family-as-referent entails individual behaviors as a reflection of familial values and morals. While other definitions may vary, Valdivieso-Mora and colleagues (2016), explain three domains of familism as supportive, obligatory, and referent. Supportive familism

means the level of closeness the family unit has. Obligatory familism is described as the extent to which family members support one another through financial, social, and emotional means. Referent familism is described as the duties of each individual within the family to behave in a manner that represents family morals and behaviors. Taken together, this value emphasizes the extent to which this family moral plays an integral role in the daily lives of many Latinx individuals. The sense of belonging and togetherness shapes a family unit that is interconnected. Familial support instills the mindset of helping and ignores the utilization of independence. Familism is shown through interdependence in the family. This kind of interdependence likely results in an improved sense of self, community, support, guidance, confidence, respect, and others. When families are functioning in this manner, it can cause individuals to seek advice and connection within the family. This could decrease the possibility of thoughts and behaviors relating to social isolation which often results in deleterious mental health outcomes.

The family is a natural support system for Latinx individuals as they are important sources of support during times of distress (Villatoro et al., 2014). Familial support leads to improved mental health outcomes as it takes the mental burden of individualism and replaces it with interconnectedness. Family support and values centered around interdependence allow for freedom of expression in the family, meaning the ability to communicate openly, express differences, set boundaries, etc. Feeling a sense of belonging can positively impact their desire to connect with their support system in times of need. *Familismo* and interconnectedness can encourage an individual to be mindful of the obligations they have to others. The combination of *Familismo* and interconnectedness offers a sense of security as outlined by evolutionary theories such as how we are safer in larger, protective groups. Relational exchange theories also posit that relationships are stronger when an exchange of support and resources occurs bidirectionally

according to Córdoba-Salgado and colleagues (2023). Based on these explanations, a relationship characterized by bidirectional change may be less likely to evidence the frequent loss of social support observed among those experiencing mental health difficulties (e.g., experiencing may be associated with a loss of social support; Córdoba-Salgado et al., 2023). Relatedly, bidirectional support may offer unexpected benefits as supporting and helping others appears to improve mental health outcomes for those providing support (Stein et al., 2020). Combined these theories may help explain why *Familismo* benefits mental health as high degrees of social contact with bidirectional support exchanges may offer multiple layers of protection. Individuals who are surrounded by a supportive family system are likely to do activities with their families that can help them pursue relationships with those around them. These value-driven activities can be preventative for social isolation and avoidance of family members.

Trauma and Family Support

Traumatic event exposure has repeatedly been linked to deleterious mental health outcomes, with social support, particularly familial support, has been demonstrated to mitigate the effects (Córdoba-Salgado et al., 2023; Panagioti et al., 2014; Pietrzak et al., 2009). For instance, Panagioti et al. (2014) explains how the research concluded that individuals who perceived themselves as high in the category of social support were less likely to have suicidal behaviors related to the severity of their PTSD symptoms. Córdoba-Salgado and colleagues (2023) demonstrated that emotional support predicted lower PTSD symptoms over time among hurricane survivors. These findings are correlated to the findings that support the idea of the importance of social and familial support to improve overall mental well-being. According to the findings of Pietrzak and colleagues (2009), interventions to support psychological resilience and

social support may help decrease the negative impact that traumatic stress and depressive symptoms have on Operations Enduring Freedom and Iraqi Freedom, or OEF/OIF, veterans. The examination was done to see the correlation between PTSD, depression, and other psychiatric conditions and social support and its protection of these conditions. This study highlights the importance of social support as a helping force to the effects of traumatic events.

These studies support that individuals who have social, emotional, or familial support are less likely to have conditions related to their traumatic event exposure. *Familismo* in Latinx populations serves a role of social, emotional, and familial support, thus protecting individuals from effects related to traumatic events. Traumatic event exposure is shown to result in many mental health conditions and familial support is shown as a preventative measure for these conditions.

Conflict: Family as Perpetrator

Familismo can serve as a protective barrier to individuals and families who endorse the value. Familial support is the primary support system for individuals. Familial support can only serve as a protective barrier to the effects of traumatic events when the family is not involved in creating a traumatic or dysfunctional environment. A family member who engages in familial violence is a perpetrator. When the family member is the perpetrator of violence or dysfunction within the family, familial support is no longer beneficial. Familial support may be a protective factor for psychopathology in Latinx youth only when there are low levels of familial conflict. Research suggests that familial conflict creates a stressful home environment for youth, hindering recovery from traumatic events and exacerbating externalizing symptoms (Dixon et al., 2020). Familial support in contexts of conflict, violence, or dysfunction from the family does not offer protective effects observed in Latinx populations in the Midwest.

Purpose and Hypotheses

The purpose of the current study is to examine the role of bidirectional familial support (i.e., a person receives and gives support) in mitigating the effects of traumatic event exposure among Latinx residents of the Midwest. Specifically, the study aims to test whether familial support moderates the impact of traumatic event exposure, particularly in cases where the family is the perpetrator.

Specifically, I tested the following hypotheses:

Hypothesis 1: Greater degrees of providing familial support will be associated with lower depression and PTSD symptoms compared with lower degrees of providing familial support.

Hypothesis 2: Familial support will moderate the effect of polyvictimization on PTSD and depression symptoms, such that the effect of polyvictimization will be lower among those with higher familial support compared with those who endorse lower degrees of familial support.

Hypothesis 3: Familial support will not moderate the mental health effects such as PTSD and depression symptoms when the family is the perpetrator.

Method

Participants

Participants included 80 Latinx residents in the Midwest. Age ranged from 18 to 66 years of age with a mean of 40.00. With regard to gender, five participants (6.3%) did not complete the item. Among those who reported their gender, 18 (24.0%) identified as cisgender men, 57 (76.0%) identified as cisgender women, and no participants reported identifying as transgender or non-binary. The majority of participants (n = 72; 90.0%) reported being born outside the US and 3 (3.8%) reported being born in the US with five participants (6.3%) not answering this item.

Among those who reported being born outside the US, four were born is El Salvador (5.5%), six were born in Honduras (8.2%), one were born in Colombia (1.4%), 31 were born in Cuba (46.6%), 22 were born in Mexico (30.1%), three were born in the Caribbean (4.1%), specifically one was born in Nicaragua and two were born in Puerto Rico, one was born in South America (1.4%), specifically born in Ecuador. Among those born outside the US, participants reported having lived in the United States for a range of 0 to 45 years with the mean of 22.50. With regard to education, 13 reported having less than a high school education (16.3%), 21 participants reported completing high school or GED (21%), 20 participants reported having some college education (25.0%), four participants reported having completed a 2-year degree (5.0%), three participants reported having completed a 4-year degree (3.8%), and 13 participants reported having a graduate or a professional degree (16.3%). When asked to describe how well they understood English, 13 reported “Not at all” (46.3), 25 participants reported “Not well” (31.3%), five participants reported “Well” (6.3%), and eight participants reported “Very well”.

Procedures

Participants were recruited via community partners working with Latinx populations in the area. Community partners advertised the study and facilitated gift card payment for participants who completed the study. Participants completed all other procedures, including informed consent, via Qualtrics, an online survey software platform. Participants completed these online procedures at university extension offices with tablets provided for them. Interested participants were directed to the tablets where they could read more about the study and complete informed consent. Following informed consent, participants completed a series of questionnaires regarding mental health, traumatic event exposure, social support, and demographics. Once participants completed these measures they were thanked for their time and provided a $20 gift card.

Measures

Traumatic Event Exposure. Exposure to traumatic events was assessed using a modified version of the Trauma History Questionnaire (THQ). The original THQ assesses for 27 different types of potentially traumatic events (e.g., sexual assault). Participants are first asked if they have experienced each event (yes/no) and if they respond 'yes', they are also asked how many times and at what age(s). For this study, the THQ was modified to ask explicitly about traumatic events that occurred during immigration. Specifically, three items were added to the end of the measure. The first item asked if they had experienced any of the previously assessed traumatic events during the process of immigration. Two additional questions asked if participants feared for their safety or the safety of loved ones during immigration, mirroring DSM-5 criteria for a traumatic event (i.e., threatened harm). Two scores were derived from this measure for the purposes of this study. First, a measure of polyvictimization was created by summing the different types of traumatic events that participants reported experiencing (maximum possible score = 30). Additionally, the two items referencing abuse by a caregiver were coded into a single variable (present = 1; absent = 0) to examine the effects of abuse by a caregiver.

PTSD Symptoms. PTSD symptoms were assessed using the PTSD Checklist for DSM-5 (PCL-5), a 20-item questionnaire that is based on DSM-5 symptom criteria for PTSD. The PCL-5 is scored by values of "Not at all" which is a 0 to "Extremely" which is a 4, for each of the 20 symptoms. The total score is calculated by summing the values from each symptom. The calculated score can range from 0-80. The PCL-5 total score is not proven to be a definitive diagnostic tool for PTSD, although there is research suggesting that the final score of 31-33 may indicate elevated symptoms. Individuals scoring a total of 31-33 are more likely to have

symptoms associated with PTSD (Belvins et al., 2015). Items on the PCL-5 are strongly correlated with each other as measured by the internal consistency of 0.95> for each wave, proving this to be a reliable measure to assess PTSD symptoms.

Depression Symptoms. Depression symptoms were assessed using the 9-item patient health questionnaire (PHQ-9). PHQ-9 is a self-report questionnaire with 9-items, which is used to screen, diagnose, monitor, and measure depression severity in the DSM-5. Participants respond to the questions with a scale ranging from 0 meaning "Not at all" to 3 meaning "Nearly every day". The total score can range from 0 to 27. A score of 0-4 indicates minimal depression symptoms, 5-9; mild depression, 10-14; moderate depression, 15-19; moderately severe depression, and 20-27; severe depression (Kroenke et al., 2001). The PHQ-9 has been tested for good reliability and validity and is often used by researchers to remain consistent when assessing depression.

Social Support. Social support was assessed using the Multidimensional Scale of Perceived Social Support (MSPSS). MSPSS is a self-report questionnaire used to assess an individual's perception of their three social support systems: Family, Friends, and Significant other (Zimet et al.,1988). The scale consists of 12 items or 4 items for each of the three social support systems listed above. Participants respond to the questions with a scale ranging from 1 meaning "Very strongly disagree" to 7 meaning "Very strongly agree". The subscale indicates different reasons for each of the social support systems, MSPSS-Family; reflects perceived support from family, MSPSS-Friends; reflects perceived support from friends, MSPSS-Significant other; reflects perceived support from a significant other. A high score on each subscale indicates greater levels of perceived social support from each support system source. MSPSS is used to measure participants perceived social support.

Demographics

Participants also completed a demographic survey that included items regarding gender, age, US nativity, length of residence in the US, and education.

Data Analyses

To test study hypotheses, a series of regression analyses were completed. In each case, PTSD and depression symptoms were dependent variables. Age, gender, and US nativity were coded and included as covariates in all models. The first model examined familial support from the MSPSS as a predictor. The second model examined the interaction of familial support and polyvictimizaiton as a predictor. Polyvictimization was also added as a predictor at this step. The third model examined the interaction of abuse by a caregiver and familial support as a predictor. Abuse by a caregiver was also examined as a predictor.

Results

Linear regression results testing Hypothesis 1 indicated that the effect of familial support was not significant in predicting depression, β = -.15, *b* = -.10, SE = .08, *p* = .198, but was negatively associated with PTSD β=-.26, *b* = -.40, SE = .17, *p* = .023. Specifically, those with higher familial support were less likely to experience PTSD symptoms.

Linear regression results testing Hypothesis 2 indicated that the interaction between familial support and polyvictimization was not significant in predicting either depression, β = -.12, *b* = -.03, SE = .03, *p* = .370, or PTSD symptoms, β=-.06, *b* = -.03, SE = .07, *p* = .639. These results suggested that the effect of polyvictimization did not significantly differ based on the amount of reported familial support.

Linear regression results testing Hypothesis 3 indicated that the interaction between familial support and family as perpetrator was not significant in predicting depression, β = .07, *b* = .16, SE = .39, *p* = .686 or PTSD symptoms, β = -.01, *b* = -.03, SE = .86, *p* = .970.

Discussion

The purpose of this study was to examine how familial support influences the mental health outcomes of Latinx populations in the Midwest following exposure to traumatic events. Hypothesis 1, that familial support would be negatively associated with depression and PTSD symptoms, was only supported for PTSD symptoms. Hypothesis 2, that familial support moderates the impact of polyvictimization on symptoms, showed no significant interaction between familial support and polyvictimization for depression or PTSD symptoms. Hypothesis 3, that familial support moderates the effects when the family is the perpetrator, found non-significant results. In summary, this study indicated that familial support may be related to the mental health outcomes of Latinx populations in the Midwest after exposure to traumatic events, particularly showing a correlation to lower PTSD symptoms when higher familial support was indicated, but no significant impact on depression or in cases where the family is the perpetrator of trauma.

The results may indicate that familial support has a more pronounced impact on reducing PTSD symptoms compared to depression, as shown by the negative association between familial support and PTSD symptoms. The lack of significance in predicting depression may be because this study did not include a large participant size and because of this the effect was not detected. As well as the reported social support in this study was in the higher range and there may not have been enough variability at lower ranges of the familial support scale in order to detect differences of depressive symptoms across levels of familial support.

The relationship between higher familial support and lower PTSD symptoms in Latinx populations in the Midwest could be explored with the value, *Familismo. Familismo* typically consists of social support. Having family members provide emotional understanding, guidance, and respect can alleviate feelings of distress. *Familismo*, a cultural value emphasizing strong familial support and connection may serve as a protective factor against the development and exacerbation of psychological effects of traumatic events in the form of PSTD symptoms at any point. Overall, the findings may suggest that familial support may lower the prevalence of PTSD symptoms.

Strengths and Limitations

The strengths of this study include the in-depth foundation of literature for understanding *Familismo* and its role in mental health outcomes. This study includes an underrepresented group which helps to build cultural awareness and understanding. The study uses established measures like the PTSD Checklist for DSM-5 which enhances the study's reliability. However, some limitations include the sample size of 80 participants which may not represent the broader Latinx population in the Midwest. The cross-sectional design may limit the ability to understand how familial support affects mental health over time. The data is taken through self-report measures which may result in a potential response bias and therefore may not fully represent the participants experiences.

Conclusion

Overall, the current study suggests familial support may be associated with lower PTSD outcomes, but it does not buffer against the effects of traumatic events. The findings conclude that having familial support does not mitigate the effects of a traumatic event, it does help to

lower the prevalence of symptoms which may be beneficial for an individual who could experience a traumatic event in the future. An individual who has lower psychological symptoms of PTSD prior to a traumatic event may not present as extreme psychological symptoms as an individual who starts with higher psychological symptoms and experiences the same traumatic event. Regardless of the type or how many traumatic events an individual has experienced, familial support helps to reduce PTSD symptoms. Familial support is helpful for any individual at any point. An individual does not have to wait for a traumatic event to occur to increase their familial support. If individuals have the capabilities, they should increase their familial support to lower symptomology prior to experiencing a traumatic event which may be likely to prevent extreme symptoms of PTSD if a traumatic event should occur. Future research should examine why familial support is not associated with better depression outcomes in order to understand the ways in which depression symptoms can be improved in the context of traumatic events.

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Table 1. Descriptive and Participant Background Information

	M or N	*SD or %*
Age	40.37	12.54
Women	58	77.3%
Education		
Less than high school graduate	13	16.3%
High school graduate/GED	21	26.3%
Some college	20	25.0%
Completed 2-year degree	4	5.0%
Completed 4-year degree	3	3.8%
Some graduate school or higher	13	16.3%
Not reported	6	7.5%
Trauma History Questionnaire (THQ)		
Familial abuse (injured force)	3	3.8%
Familial abuse (injured attack)	2	2.5%
During immigration (trauma)	9	11.3%
Posttraumatic Stress Disorder Checklist (PCL-5)	24.07	11.73
Repeated disturbing memories (A little bit - Extremely)	19	23.8%
Repeated disturbing dreams (A little bit - Extremely)	15	18.9%
Emotionally numb to family (A little bit – Quite a bit)	10	12.6%
Lost interest in enjoyable things (A little bit – Extremely)	19	23.9%
Physical reactions to memories (A little bit – Extremely)	16	20.2%
Feelings of reliving experience (A little bit – Extremely)	15	18.9%
Patient Health Questionnaire (PHQ-9)	3.60	5.08
Multidimensional Scale of Perceived Social Support (MSPSS) Family	22.20	7.55
Loneliness Scale (UCLA)	5.51	2.70

Table 2. Descriptives of comparisons of Familial Support

	PHQ-9		PCL-5	
Model 1-No interactions and trauma not included	β	*p*	β	*p*
Familial Support (MSPSS)	-.15	.198	-.26	.023
U.S. Nativity	-.08	.493	-.21	.067
Age	-.10	.410	-.12	.307
Model 2-Interaction with polyvictimizaiton				
Familial Support (MSPSS)	-.10	.409	-.20	.077
U.S. Nativity	-.26	.030	-.30	.009
Age	-.10	.384	-.15	.163
Polyvictimization	-.20	.137	.28	.027
Polyvictimization by familial support	-.16	.370	-.06	.639
Model 3 – Interaction with abuse by caregiver				
Familial Support (MSPSS)	-.14	.246	-.24	.049
U.S. Nativity	-.08	.487	-.21	.067
Age	-.10	.394	-.12	.296
Abuse by caregiver (Y/N)	.13	.428	.10	.540
Abuse by caregiver (Y/N) by familial support	.07	.686	-.01	.970

Note: Multidimensional Scale of Perceived Social Support (MSPSS); Posttraumatic Stress Disorder Checklist (PCL-5); Patient Health Questionnaire (PHQ-9); Polyvictimization was formed by sum score of different trauma types from the Trauma History Questionnaire