LATENT CLASS TRAJECTORIES OF INTERNALIZING SYMPTOMS IN LATINX ADOLESCENTS: RELATIONS WITH RISK AND PROMOTIVE FACTORS

by

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(Under the Direction of Cynthia Suveg)

ABSTRACT

Guided by ecodevelopmental theories, the present study examined how both culture-specific and general risk and promotive factors across contexts predicted trajectories of Latinx youth's internalizing symptoms during early and middle adolescence. Participants included 547 Latinx youth (*M* age = 12.80; 55% females) recruited in middle school and followed prospectively across four time points spanning two years. Youth reported on their internalizing symptoms at all four time points, and risk and promotive factors were measured at Time 1 (T1). Latent class growth curve modeling was used to examine heterogeneous trajectories of change in internalizing symptoms separately for females and males, and risk and promotive factors were examined as predictors of class membership. Three classes based on symptom trajectories emerged for both females and males, with most adolescents falling into classes characterized by low symptoms that remained stable or decreased over time. Risk and promotive factors were predictive of class membership in theoretically meaningful ways. Some predictors of internalizing symptom trajectories differed between females and males. Findings inform our understanding of factors that influence developmental trajectories in Latinx youth and can

contribute to the refinement of prevention and intervention efforts to help ensure the well-being of this population.

INDEX WORDS: Latinx youth, internalizing symptoms, trajectories, risk and promotive factors

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CHAPTER 1

INTRODUCTION

Latinx youth are a rapidly growing population in the United States (U.S.; U.S. Census Bureau, 2019) and these youth are at heightened risk for internalizing problems during adolescence (Ghandour et al., 2019). Risk and promotive factors related to Latinx youth's internalizing symptomology include those rooted in culture-specific as well as more general experiences across multiple contexts (Huq et al., 2016; McCord et al., 2019; Nair et al., 2018). Culture-specific factors relate to individuals' specific ethnicity or minority status (e.g., acculturative stress or discrimination), whereas general factors are often experienced by individuals irrespective of their specific ethnicity or minority status (e.g., peer victimization, peer support). Few studies have examined cultural and general risk factors in tandem and even fewer have examined both risk and promotive factors in relation to trajectories of internalizing symptoms among Latinx youth. The present study examined culture-specific and general risk and promotive factors as predictors of longitudinal changes in internalizing symptoms among Latinx adolescents. Specifically, youth's stress responses to anti-immigration actions and news and acculturative family distancing (i.e., gap between parents and children in endorsement of cultural values, attitudes, and behaviors), both of which represent culture-specific risk factors; peer bullying, a general risk factor; and, peer support, a general promotive factor, were examined in relation to longitudinal changes in internalizing symptoms in Latinx youth across early adolescence. These factors were selected to represent multiple contexts of influence in Latinx youth's development that are related to mental health outcomes.

Ecodevelopmental perspectives emphasize that the salience of risk and promotive factors may be greater during sensitive periods of development (García Coll et al., 1996). Adolescence is a developmental period characterized by heightened risk for internalizing symptoms across ethnic groups (Ghandour et al., 2019), and this risk is even greater for Latinx youth who report higher rates of anxiety and depressive symptoms than their European American, African American, and Asian American peers (for review see Anderson & Mayes, 2010; Centers for Disease Control and Prevention, 2017). As such, adolescence is a particularly critical period to consider factors that may relate to the experience of internalizing symptoms among Latinx youth. Culture-specific and general stressors across a number of contexts, including community, school, family, and peer environments, may pose risk to Latinx youth's mental health during this developmental period, making the identification of factors that foster resilience and strength equally imperative to promoting the well-being of this growing population. This study examined trajectories of internalizing symptoms among Latinx youth during this at-risk developmental period and considered risk and promotive factors in relation to youth's symptom trajectories. To accomplish this goal, youth reported on their internalizing symptoms across four time points spanning two years and reported on culture-specific and general risk and promotive factors at Time 1 (T1).

Internalizing Symptoms in Latinx Youth

Although symptoms of anxiety and depression generally peak during adolescence, not all youth experience an emergence and/or increase in symptoms across this developmental period. A number of studies find that although anxiety symptoms are higher in adolescence than earlier in childhood, anxiety symptoms decrease over the course of adolescence (Burnstein et al., 2010; McLaughlin & King, 2015; Sirin et al., 2015). The literature is mixed regarding depressive

symptoms but also generally finds that the prevalence of symptoms decreases (Burnstein et al., 2010; Sirin et al., 2015) or remains stable (McLaughlin & King, 2015) for most youth during adolescence. Notably, longitudinal studies of adolescents' internalizing symptoms have mostly focused on non-Hispanic White samples with far fewer studies examining these trajectories in Latinx youth. In a recent study, Cruz and colleagues (2019) examined covariation in changes in anxiety and depressive symptoms among Latinx youth from 5th through 12th grade (i.e., eight waves total) and found that steeper reductions in one internalizing dimension were associated with steeper reductions in the other. Thus, although Latinx youth experience higher symptoms than their non-Hispanic peers during adolescence, rates of anxiety and depressive symptoms may also decrease across this developmental period for the majority of Latinx youth.

Gender differences in internalizing symptoms during adolescence are documented throughout the literature, particularly in Latinx populations (McLaughlin et al., 2007; Romero-Acosta et al., 2014); Latinas report higher rates of symptoms compared to their male counterparts. However, few studies have considered how trajectories may differ between females and males. Zeiders, Umaña-Taylor, and colleagues (2013) found that adolescent Latina females started with higher depressive symptoms than Latino males, and females' symptom levels decreased over time, whereas males did not show any changes in symptoms. Another study by Zeiders, Updegraff, and colleagues (2013) found that adolescent Latino males' symptoms decreased across adolescence and Latina females exhibited a cubic pattern of change characterized by an initial increase in symptoms followed by declining symptoms. Together, these studies suggest a need to consider unique trajectories among females and males across this developmental period.

Notably, most studies have estimated one overall trajectory for the entire sample, or on fewer occasions, one trajectory for females and one for males. Although most youth show decreasing levels of internalizing symptoms over time, a proportion of youth show stable or increasing symptoms across adolescence (Arizaga et al., 2020). This information would be missed by examining symptom change at the sample-level, whereas statistical approaches (e.g., latent class growth models) that explore the existence of subpopulations have the potential to identify clusters of youth that show patterns that differ from others in the sample. Studies that have used such statistical techniques have found that adolescents tend to cluster into three or four classes (De la Torre-Luque et al., 2020; Ellis et al., 2017; Hill et al., 2017; Shore et al., 2018), with most youth falling into the stable low or no symptom class and fewer youth clustering into increasing or decreasing trajectories. However, this work has studied primarily White youth. In the first study to examine trajectories within an adolescent Latinx sample, Arizaga and colleagues (2020) identified three trajectories of depressive symptoms, including stable-low (i.e., low levels of symptoms that slightly decreased over time; 76% of sample), recovery (i.e., high levels of symptoms that decreased over time; 15% of sample) and escalating (i.e., moderate levels of symptoms that increased over time; 8.3% of sample). Higher youth-reported familism (i.e., cultural value emphasizing family togetherness and unity) predicted membership in the stable-low trajectory. Studies that identify trajectories within ethnic groups can advance understanding of factors that explain within-group variability in developmental outcomes. Additionally, this recent study underscores the importance of research that considers promotive factors that may relate to better mental health among Latinx youth.

In sum, there is a critical gap in the literature in the examination of heterogeneous trajectories of internalizing symptoms across adolescence among Latinx youth. Research that

considers how these trajectories may be different for females and males is also strongly warranted. Additionally, identification of risk and promotive factors of symptom change in this population is critical to supporting mental health needs of Latinx youth. The present study addressed these gaps and examined the presence of trajectories of internalizing symptoms across early adolescence among Latinx youth and modeled separate growth trajectories for females and males to explore distinct patterns within genders. To understand within-sample variability in internalizing symptom trajectories, stress responses to anti-immigration actions and news, acculturative family distancing, peer victimization, and peer support were examined as predictors of symptom trajectories. Further, to more directly understand how these factors predict changes in symptoms within this population, potentially confounding variables (i.e., mother education, youth age, youth generation status, and youth Latino acculturation) were included as covariates.

Culture-specific and General Risk and Promotive Factors

Stress Responses to Anti-Immigration Actions and News

Anti-immigration rhetoric and immigration-related actions and news is one important culture-specific stressor experienced by Latinx youth that is related to their mental health (Benner et al., 2018; Roche et al., 2020). Latinx youth and their families are exposed to discriminatory and anti-immigrant messages from a number of sources in their daily environment (e.g., media, institutions, community members, peers) which has significant consequences for Latinx youth's developmental outcomes (Benner et al., 2018; Bennett et al., 2020; Roche et al., 2020). Much of the research in this area has examined the negative impact of discrimination on Latinx youth's mental health (for review see McCord et al., 2019), whereas only a few studies have considered the effects of cultural stress related to the immigration environment. The present study addressed this gap and examined youth's stress responses to anti-immigration actions and

news (i.e., emotional and behavioral changes due to immigration environment) as a risk factor that may predict changes in internalizing symptoms across adolescence.

Over the past few years, the U.S. has implemented changes in immigration policy and attitudes that have contributed to fear, anxiety, and stress among Latinx youth and their families (Barajas-Gonzalez et al., 2018). The impact of changes in immigration policy and attitudes has been documented in multiple contexts that Latinx youth encounter. For example, teachers have reported increased bullying, including hostile, discriminatory remarks about minorities and immigrants (Costello, 2016). Latinx youth's chronic exposure to anti-immigrant attitudes and behaviors may contribute to feelings of persistent threat and uncertainty about their safety and future, which in turn likely has a negative impact on their psychological health. This calls into action research that directly examines the impact of immigration actions and news on the well-being of Latinx youth.

To that end, Roche and colleagues (2018) recently developed a measure to assess how exposure to anti-immigrant messages impacts Latinx youth. Specifically, this measure examines how anti-immigration actions and news contribute to changes in youth's emotional (e.g., worry about family members being separated) and behavioral (e.g., changes in daily routine) functioning. Roche and colleagues (2020) found that 15-18-year-old Latinx adolescents who reported greater emotional and behavioral changes due to anti-immigration actions and news (i.e., higher stress responses to anti-immigration actions and news) reported higher depressive symptoms. Youth who perceive anti-immigrant actions and news as threatening and distressing may be more likely to avoid leaving the house or visiting certain areas of town. These youth may also have difficulty concentrating in school due to persistent fear and distress from anti-

immigrant rhetoric from peers. These emotional and behavioral changes may contribute to feelings of anxiety and depression in Latinx youth.

The present study expanded upon this important, timely work and examined how Latinx youth's stress responses to anti-immigration actions and news related to trajectories of internalizing symptoms across early adolescence. It was expected that higher stress responses to anti-immigration actions and news would predict higher and/or increasing levels of internalizing symptoms across adolescence. By including other stressors (i.e., acculturative family distancing and peer victimization) often experienced by Latinx youth in the same model, this study examined the unique effect of stress due to the anti-immigration environment on youth's changes in internalizing symptoms.

Acculturative Family Distancing

Acculturative family distancing, defined as the distancing that occurs between immigrant parents and their children due to differences in values and attitudes, has been explored as a cultural stressor for Latinx youth (McCord et al., 2019). The acculturation gap-distress hypothesis posits that although acculturation is conceptualized as an individual-level process, it has an impact on family functioning due to the negative effects associated with differential rates of acculturation between youth and their immigrant parents (Phinney et al., 2000). These disruptions in family functioning due to acculturative family distancing have been shown to negatively impact youth's mental health (Nair et al., 2018; Toro & Farver, 2020). Within an ecodevelopmental framework the present study examined acculturative family distancing as a culture-specific risk factor in relation to Latinx youth's changes in internalizing symptoms.

Adolescence is a particularly important time to consider the impact of acculturative family distancing; research finds that parents acculturate more slowly than their children (Tezler,

2010), and theory posits that acculturative family distancing may increase as youth age. The transition into adolescence is a developmental period characterized by a shift in social relationships, as adolescents spend more time with peers compared to earlier in childhood and often experience increases in independence and autonomy (Kingery et al., 2011). As a result, adolescents have increased exposure to mainstream society which may contribute to shifts in values, beliefs, and behaviors due to increased acculturation. Several studies find that conflict around cultural beliefs, values, and practices can have a unique negative impact on Latinx youth's well-being beyond general parent-child conflict (Nair et al., 2018; Stein et al., 2012). However, other studies find no relation between acculturative family distancing and youth's internalizing symptoms (Tezler et al., 2016). Discrepant findings may be due to an overreliance on cross-sectional work and limited empirical examination of how the effects of acculturative family distancing differ between males and females (Schwartz et al., 2016). Acculturative family distancing may be more impactful among females due to cultural gender role expectations, and this information could be lost by only examining effects at the overall sample level.

Theoretical and empirical work suggest that Latinx youth experience gender differences in expectations of familial cultural values and roles (Castillo et al., 2010). In general, these values uphold that Latino males are expected to be a financial provider and leader, and to stand up for the family (e.g., machismo), whereas Latina females are expected to provide physical and emotional support to the family and take the responsibility for raising children and managing house work (Arcinega et al., 2008). Although traditional cultural values (e.g., familism) have been shown to protect against internalizing symptoms in some studies (e.g., Cupito et al., 2015), discrepancies between parent and youth cultural values and roles may increase risk for poor outcomes, particularly for females whose values appear less consistent with shifting Western

values. Understanding how acculturative family distancing may increase risk for mental health problems during this developmental period for Latinx females and males separately is critical.

The present study addressed these gaps and examined how acculturative family distancing related to longitudinal trajectories of internalizing symptoms among Latinx youth. By examining relations among females and males separately, this study furthers our understanding of how acculturative family distancing may relate to internalizing symptoms in Latina and Latino adolescents in different ways. It was expected that acculturative family distancing would positively predict higher and/or increasing levels of internalizing symptoms for all youth but the effect would be stronger for Latina adolescents.

Peer Victimization

Peer victimization, or bullying, is a general risk factor for mental health problems in youth (for reviews see Choucy et al., 2017; Reijntjes et al., 2010) that relates to internalizing symptoms among Latinx adolescents (Bauman & Summers, 2009; Espinoza et al., 2013). Bullying can take several forms such as overt or physical victimization (e.g., pushing, hitting) and relational victimization (e.g., spreading rumors, purposeful exclusion). Using a nationally representative study of Latinx youth in grades 6 through 12, researchers found that 16% of youth reported being bullied at school in the past year (U.S. Department of Education, 2019). Further, Latinx adolescents reported higher rates of bullying on school grounds compared to other forms of victimization (e.g., via technology; Basile et al., 2020). This suggests that Latinx youth's experiences of bullying by classmates and peers at school is a particularly important context to study the impact of victimization on youth's mental health. The present study examined Latinx youth's report of bullying by classmates and peers in relation to changes in internalizing symptoms. This study also considered that peer victimization may predict changes in

internalizing symptoms differently for males and females given the mixed literature regarding gender differences in rates of peer victimization (Centers for Disease Control and Prevention, 2017; Espinoza et al., 2013; Maynard et al., 2016).

Research suggests that several factors contribute to the likelihood that Latinx youth will experience bullying at some point during adolescence, including individual (e.g., degree of acculturation, gender), relational (e.g., peer and family relationships), and contextual (e.g., school composition) factors (Maynard et al., 2016). Further, a recent systematic review on the relation between bullying and depressive symptoms in Latinx youth emphasized the importance of considering culture-specific stressors (e.g., acculturative stress, discrimination) when studying experiences of victimization (Lutrick et al., 2020). Lutrick et al. (2020) posited that the experience of bullying may be particularly detrimental for youth who experience high levels of culture-specific stressors such as acculturation stress and discrimination. However, few studies have considered how peer victimization may predict changes in internalizing symptoms after accounting for the impact of other contextual stressors, including family and environmental risk factors. Latinx youth experience stress across multiple contexts and understanding how specific sources of stress relate to their mental health has important implications for prevention and intervention work. The present study built upon this literature and examined how peer victimization uniquely predicted trajectories of internalizing symptoms among females and males separately after accounting for other stressors commonly experienced by Latinx youth.

Peer Support

It is important to understand sources of support that may reduce risk of mental health problems and contribute to more healthy adjustment among Latinx youth. Youth's perception of peer support is one factor that contributes to healthy psychological outcomes across cultural

groups (for meta-analytic review see Chu et al., 2010), and has been shown to relate to fewer depressive symptoms among Latinx adolescents in particular (Cooley et al., 2015; Gonzalez et al., 2014). Peer support is particularly critical during adolescence, as youth place more weight on the importance of peer relationships and often spend more time with peers compared to other social relationships (e.g., family members, coaches). However, most work with Latinx populations has studied the importance of family support (Vera et al., 2020), with a paucity of research examining peer support in relation to Latinx youth's mental health. Peers may provide verbal and emotional support that enhances youth's coping resources (e.g., problem-solving and emotion regulation strategies) and increases feelings of being cared for by others outside of the family. Further, peer support positively relates to a sense of school-belonging and self-efficacy, and negatively relates to depressive symptoms and discrimination in Latinx adolescents (Gonzalez et al., 2014). As Latinx youth navigate culture-specific (e.g., acculturation) and general stressors, peer support may be particularly important in promoting resilience and positive adjustment.

Gender differences have been reported in perceived peer support, as well as relations between peer support and psychological well-being. Female adolescents tend to report higher levels of peer support than males (Colarossi & Eccles, 2000), and perceived lack of social support from peers has been shown to contribute to increases in internalizing symptoms for females but not males (Pouwelse et al., 2011). Additionally, a meta-analysis found that the effect size between social support and overall well-being was significantly larger for females compared to males (Chu et al., 2010). Peer support may be especially influential for females who expect greater levels of support from peers and close friends than males (Klimes-Dougan et al., 2014). The present study examined how peer support predicted changes in Latinx adolescents'

internalizing symptoms, particularly after accounting for relations between significant sources of stress and symptoms. Gender differences were also considered due to differences in peer relations and expectations for peer support. It was hypothesized that peer support would relate to decreases in internalizing symptoms above and beyond the impact of culture-specific and general stressors. This effect was expected to be more pronounced for females than males.

Present Study

The present study is guided by ecodevelopmental frameworks that provide a contextually and developmentally grounded perspective to understanding risk and promotive factors in relation to Latinx youth's developmental outcomes (see Figure 1). Specifically, this study examined culture-specific and general risk and promotive factors across multiple contexts in relation to changes in internalizing symptoms among Latinx early adolescents. Stress responses to anti-immigration actions and news (i.e., culture-specific risk factor), acculturative family distancing (i.e., culture-specific risk factor), peer victimization (i.e., general risk factor), and peer support (i.e., general promotive factor) were examined as predictors of youth's symptom trajectories. These factors were selected to represent influences both unique to Latinx youth and general risk and promotive factors for adolescents across ethnic groups. Additionally, given the increased importance adolescence place on peer relationships, both experiences of peer victimization and peer support were examined. By examining risk and promotive factors in the same model, this study can advance our understanding of how factors uniquely relate to changes in internalizing symptoms when accounting for other relevant contextual factors. Important covariates (i.e., mother education, youth age, youth generation status, and youth Latino acculturation) were also included to further clarify the unique influences of risk and promotive factors on symptom trajectories. Research yields mixed findings regarding the impact of youth's

generation status and degree of Latino acculturation on their psychological functioning (for review see Lawton, 2014); nonetheless, because the impact of cultural and general risk factors likely varies based on youth's immigrant generational status and degree of acculturation, they were entered as covariates. Analyses were conducted separately for females and males to examine how symptom trajectories and relations with risk and promotive factors may differ by gender.

To accomplish these goals a series of latent class growth curve models were estimated to determine what set of trajectories best described youth's changes in symptoms over four time points spanning two years. It was expected that on average, females would show moderate symptoms at T1 that remained stable over time, whereas males would show low symptoms at T1 that remained stable or decreased over time. However, we hypothesized that females and males would show variability in both their level of symptoms at T1, as well as in their trajectory of change. As such, we expected that subpopulations of youth would emerge, and that these empirically defined subpopulations (i.e., classes, trajectories) would differ between females and males.

For females, it was expected that at least three trajectories would emerge: 1) a trajectory characterized by moderate to high symptoms at T1 that increased across the four time points; 2) a trajectory characterized by moderate symptoms at T1 that remained stable; and 3) a trajectory characterized by low symptoms at T1 that remained stable or slightly decreased. Based on prior work, it was expected that the latter two trajectories would contain more females than the first. For males, it was expected that at least two trajectories would emerge: 1) a trajectory characterized by moderate symptoms at T1 that remained stable across the four time points and

2) a trajectory characterized by moderate to low symptoms at T1 that decreased across time. Based on prior work, it was expected that the latter trajectory would contain the most males.

Culture-specific and general risk and promotive factors were then examined as predictors of these trajectories using logistic regression. It was expected that higher levels of stress responses to anti-immigration actions and news, acculturative family distancing, and peer victimization would predict membership in trajectories characterized by higher initial levels of symptoms with increasing or stable symptoms over time compared to classes characterized by moderate or lower symptoms that do not increase. Conversely, higher levels of peer support were expected to predict class membership in trajectories characterized by moderate or lower symptoms compared to classes with higher levels of symptoms that do not decrease.

In sum, this study addresses a critical gap in the field by examining heterogenous trajectories of internalizing symptoms in Latinx youth. Most work has modeled changes in symptoms at the sample-level rather than identifying subpopulations of youth who show unique trajectories over time. Adolescence is a particularly important developmental period to consider changes in internalizing symptoms; although research suggests that most youth show stable or decreasing levels of symptoms across adolescence, some youth experience increases in symptoms. This study also examines a novel and timely construct, stress responses to anti-immigration actions and news, in relation to changes in symptoms. Prior work suggests that behavioral and emotional responses to immigration actions and news represent a significant risk factor for mental health problems in Latinx youth (Roche et al., 2020). By examining this factor in conjunction with other known risk factors, the unique impact of immigration stress will be clarified. Understanding risk and promotive factors that predict trajectories of symptoms may inform prevention and intervention efforts with this at-risk and growing population of youth.

CHAPTER 2

METHODS

Participants

Participants included 547 Latinx early adolescents (*M* = 12.80 years old, *SD* = 1.03; 55% female) who were primarily enrolled in middle school (i.e., 6th – 8th grade; 91%) at T1. Majority of youth (68%) were second-generation immigrants (i.e., born in the U.S. to foreign-born parents), 20% were third- or later-generation immigrants, and 12% were first-generation immigrants. Roughly half (52%) of mothers were born in Mexico. Youth reported primarily living with two parents (80%). The sample was socioeconomically diverse; 38% of mothers had less than a high school education, 28% had completed high school, and 24% completed college.

Procedures

Youth were part of the *Pathways to Health/Caminos al Bienestar* ("*Caminos*") longitudinal study, which recruited Latinx adolescents and their mothers from a suburb outside of a large southeastern U.S. city (see Roche et al., 2020). Students identified as "Hispanic" were selected from middle school enrollment lists using a stratified, random sampling design to ensure equal representation across grade level (i.e., 6, 7, 8), gender (i.e., male, female), and school Latinx concentration (i.e., low, moderate, high). English and Spanish recruitment materials were sent home from school with youth for parental completion. The majority of youth (77%) completed their T1 survey in school and the remaining 23% were mailed instructions for completing the survey online at home. Questionnaires were administered exclusively online using individualized weblinks for the Time 2 (T2), Time 3 (T3), and Time 4 (T4) follow-ups.

Retention rates at six-month (T2) and one-year (T3) and 18-month (T4) follow-ups were, 81.5%, 76.5%, and 78.6%, respectively.

All adolescents completed surveys on a computer, tablet, or mobile phone using the *Qualtrics XM Research Core Survey Software* program. Investigators obtained a Certificate of Confidentiality from the National Institutes of Health and Institutional Review Board (IRB) approval from The George Washington University. Parents provided oral or written consent and adolescents provided written assent. All study materials were provided in Spanish and English. For materials not already translated into Spanish, measures were translated using the double-translation and double back-translation method combined with a review team approach (Knight et al., 2009). Youth were compensated with a $25 gift-card for survey completion.

Measures

Internalizing Symptoms

At all four time points, youth reported on their internalizing symptoms using the Youth Self-Report (YSR; Achenbach, 1991). Internalizing symptoms were measured using the 29-item total internalizing symptoms scale that is a composite of three subscales: anxious/depressed (12 items), withdrawn/depressed (8 items), and somatic complaints (9 items). Youth indicated how true statements were using three response options (0 = "not true," 1 = "somewhat or sometimes true," and 2 = "very true or often true"). The total internalizing scale (T1 α = .92, T2 α = .93, T3 α = .94, T4 α = .94) has been widely used to measure symptoms with Latinx youth and has demonstrated strong psychometric properties with this population (e.g., Cavanaugh et al., 2018). Nearly 20% of youth reported borderline or clinical levels of symptoms at each time point (T1 = 17.4%, T2 = 18.9%, T3 = 20.2%, T4 = 19.7%).

Stress Responses to Anti-Immigration Actions and News

To assess youth's perceived impact of immigration news and actions at T1, youth completed the 14-item Responses to Immigration Actions and News scale (Roche et al., 2018). This measure is a modified version of the Political Climate Scale (Roosa et al., 2008) and youth reported how often they have been affected by immigration actions and news using a 5-point scale (1 = "almost never or never," 2 = "not very often, 3 = "sometimes," 4 = "a lot of the time, frequently," and 5 = "almost always or always"). Sample items include "how often do you worry about having contact with police or authority because of these things" and "how often have these things affected you at school." Total scores were computed by summing responses for all 14 items (α = .92); higher scores indicate greater stress responses to anti-immigration actions and news. This measure has demonstrated strong psychometric properties with another Latinx adolescent sample (i.e., Roche et al., 2020).

Acculturative Family Distancing

Youth reported on perceived acculturative family distancing at T1 using the 10-item General Cultural Values Incongruency scale (Fujimoto & Hwang, 2014; Hwang, 2006). Sample items include "my parents and I share the same values, beliefs, ideas, and opinions" and "my parents and I agree that family needs always come before individual needs." Youth responded using a 5-point scale (1 = "almost always or always," 2 = "a lot of the time, frequently," 3 = "sometimes," 4 = "not very often," and 5 = "never or never"). Total scores were computed by averaging the 10 items (α = .85); higher scores indicate greater perceived acculturative family distancing. This measure has been used with Latinx adolescent samples and has demonstrated good psychometric properties (Nair et al., 2018).

Peer Victimization

Youth reported on their experience of peer victimization at T1 using 10 items (i.e., 4 items, overt victimization; 6 items, relational victimization) drawn from the Social Experience Questionnaire (Crick & Grotpeter, 1996) and the Revised Problem Behavior Frequency Scale (Miller-Johnson et al., 2004). Youth indicated how often they experience overt (e.g., being hit, physically threatened, or pushed by another kid) and relational (e.g., being purposefully excluded, left out, or lied about) forms of victimization using a 5-point scale (1 = "almost never or never," 2 = "not very often," 3 = "sometimes," 4 = "a lot of the time, frequently," and 5 = "almost always or always"). Total scores were computed by summing together the average of the overt victimization items and the average of the relational victimization items. This total (α = .91) reflected youth's overall experience of peer victimization; higher scores indicate more peer victimization. This measure has been used with Latinx youth and demonstrated good psychometric properties (Farrell et al., 2000; Mehari & Farrell, 2015).

Peer Support

To assess youth's perception of peer support at T1, youth completed the Child and Adolescent Social Support Scale (CASSS; Dickenson et al., 2016; Malecki & Demaray, 2000). Youth responded to 12 items using a 5-point scale (1 = "almost never or never," 2 = "not very often," 3 = "sometimes," 4 = "a lot of the time, frequently," and 5 = "almost always or always") that assessed how often they experience social support from peers. Sample items include "classmates treat me nicely" and "classmates ask me to join activities." The 12 items were averaged together (α = .92); higher scores indicate more perceived social support. This measure has demonstrated strong psychometric properties in studies with Latinx adolescents (Dickenson et al., 2016).

Covariates

Covariates at T1 included mother education, youth age, youth generation status, and youth Latino acculturation. Mother education was coded dichotomously (0 = less than high school degree, 1 = high school degree or higher). Youth age was examined as a continuous variable. Youth reported on their own and their parents' country of birth, which was used to determine youth generation status (1 = first-generation, 2 = second-generation, 3 = third- or higher-generation). Youth reported on their Latino acculturation using the Latino acculturation scale from the Brief Acculturation Rating Scale for Mexican Americans-II (ARSMA-II; Bauman, 2005). This measure includes a subset of items from the complete ARSMA-II (Cuellar et al., 1995) and assessed youth's behaviors and preferences associated with Mexican orientations. Consistent with previous studies, "Latinos" was substituted for "Mexican" in the items to address the diversity of the sample (Sabina et al., 2015). Youth responded to 7 items using a 5-point scale (1 = "almost never or never," 2 = "not very often," 3 = "some of the time," 4 = "a lot of the time, frequently," and 5 = "almost always or always"). Sample items include "I enjoy speaking Spanish" and "my friends are Latinos." The average of the 7 items was used in analyses to reflect Latino acculturation (α = .89). This scale has demonstrated strong psychometric properties with Latinx youth (Gonzalez et al., 2018).

Analytic Plan

All statistical analyses were conducted in Mplus version 8.2 (Muthén & Muthén, 1998-2017). Descriptive statistics were examined for all study variables to inspect assumptions of normality and the occurrence of missing data. Analyses were then conducted in three steps and separate but identical analyses were conducted for females and males.

Step 1: Latent Growth Curve Analyses

Following procedures outlined by Wickrama and colleagues (2016), analyses began by applying a single latent growth curve model to test the assumptions of latent growth curve analyses. No-growth, linear, quadratic, and latent basis models were examined. The optimal growth function was identified using the nested model comparison test ($\Delta\chi^2$), the comparative fit index (CFI), Tucker-Lewis index (TLI), root mean square error of approximation (RMSEA), and standardized root mean square residual (SRMR). A non-significant nested model comparison test indicates that the reduced (e.g., the linear model) and full model (e.g., quadratic model) fit equally well from a statistical perspective and thus the reduced, more parsimonious model should be selected as the better fitting model. Values of CFI and TLI $\geq$ .95 indicate good fit. For RMSEA and SRMR, values $\leq$ .06 and $\leq$ .08, respectively, are generally considered to indicate good fit and values greater than .10 indicate poor fit (Hu & Bentler, 1999). Variance for the growth factors (i.e., intercept and slope) was also examined; significant variance provides evidence for the existence of heterogeneity in symptom change within the sample.

Step 2: Latent Class Growth Curve Analyses

Using the optimal growth function in step 1, models with two to five classes were estimated to determine which number of classes, or trajectories, best described patterns observed in the sample. Model fit was evaluated using the Bayesian Information Criterion (BIC), the Lo-Mendel-Rubin adjusted likelihood ratio test (LMR-LRT), the bootstrapped likelihood ratio test (BLRT), and entropy (Nylund et al., 2007). Lower BIC values suggest better model fit, non-significant LMR-LRT and BLRT statistics indicate a model with one fewer class is preferred, and higher entropy indicates better model fit (e.g., above .8 indicates strong fit). If these

indicators did not uniformly suggest one model over the other, sample size of the classes was evaluated and models with classes comprising less than 10% of the sample were excluded.

Step 3: Predictors of Class Membership using Logistic Regression Analyses

Using the optimal number of classes in step 2, logistic regression was used to examine how risk and promotive factors predicted likelihood of class membership, accounting for class assignment uncertainties (Vermunt, 2010). Each predictor was first examined individually in relation to class membership using a univariate approach, then predictors were entered into one multivariate model simultaneously to examine each factor's unique contribution after accounting for other factors. In both the univariate and multivariate logistic regression models, a significant effect indicates that the predictor explains a significant amount of between-class variation. The effect itself represents the increase in log-odds (i.e., logit) of being in a specific class versus the reference class for a one-unit increase in the predictor. All covariates (i.e., mother education, child age, youth generation status, and youth Latino acculturation) were included in univariate and multivariate models.

Missing Data

Youth lost to attrition from T1 to T2 were more likely to be male and live in a single-parent vs a two-parent household, and youth lost from T2 to T3 were more likely to report higher rates of peer relational victimization. There were no other significant differences on study variables between those who dropped out and those who participated across time points. Thus, data was considered to be missing at random and was analyzed using full information maximum likelihood (FIML) in M*plus*. Using FIML 542 youth (99%) had sufficient data to model their trajectory of internalizing symptoms (females $n = 302$, males $n = 240$).

CHAPTER 3

RESULTS

Table 1 presents descriptive statistics, mean gender differences, and bivariate correlations.

Step 1: Unconditional Latent Growth Curve Analyses

Females

Examination of fit indices and the nested model comparison test indicated that the linear growth model fit the data best and demonstrated strong fit (see Table 2). The mean intercept (M = 15.63, $p < .001$) represented females' average level of symptoms at T1, and the significant intercept variance (s^2 = 83.28, $p < .001$) suggested sample heterogeneity in the initial levels of symptoms at T1. The mean slope was not significant for the overall sample (M = .26, $p > .05$), but there was significant variance in the slope (s^2 = 2.75, p = .02) suggesting that females exhibited differences in their rate and/or direction of change over time. This provided further support for further examination of females' symptom changes using latent class analyses.

Males

Fit indices and the nested model comparison test indicated that the linear growth model fit the data best and demonstrated strong fit (see Table 2). The mean intercept (M = 10.36, $p < .001$) represented males' average level of symptoms at T1, and the significant intercept variance (s^2 = 47.83, $p < .001$) suggested sample heterogeneity in the initial levels of symptoms at T1. The mean slope (M = -.10, $p > .05$) and variance in the slope (s^2 = 2.06, p = .06) were not significant

for the overall sample. The significant variability in T1 symptoms provided support for further examination of males' symptom changes using latent class analyses.

Step 2: Unconditional Latent Class Growth Analyses

Females

Fit indices are presented in Table 3. Although BIC continued to decrease as the number of classes increased, LMR-LRT indicated that the three-class model fit better than the two- and four-class models. Additionally, entropy was .83 for the three-class model, which together with the high classification probabilities (i.e., probably that an individual belongs to their assigned class; ranged from .90-.94) suggested reliable identification of the latent classes. Further, all classes consisted of greater than 10% of the sample, whereas smaller class sizes were identified in the four- and five-class models. Thus, the three-class model was chosen and the estimated trajectories and slopes for the classes are displayed in Figure 2, left. Symptom levels were contextualized based on established *T*-Scores for internalizing symptoms (i.e., 65-69 = borderline clinical, 70+ = clinical). Class 1, termed "low and stable," contained nearly half of the female adolescents (53%) and demonstrated a relatively low and stable trajectory of subclinical symptoms; Class 2, termed "moderate and stable," contained nearly a third (34%) of the female sample and demonstrated a slightly higher but stable trajectory of subclinical symptoms; Class 3 (12%), termed "high and stable," exhibited a high and stable trajectory of clinical-level symptoms across the two years. Internalizing symptom *T*-scores across time for each class are presented in Table 4.

Males

Fit indices are presented in Table 5. BIC continued to decrease as the number of estimated classes increased; however, LMR-LRT suggested that the three-class model fit better

than the two- and four-class models. Although entropy was lowest for the three-class model, the high classification probabilities (i.e., probably that an individual belongs to their assigned class, ranged from .83-.96) and degree of separation between latent classes suggested reliable identification of the latent classes. Further, the four- and five-class models contained classes with less than 10% of the sample. Together, these factors suggested that the three-class model fit the data best. Estimated trajectories and slopes for the three classes are presented in Figure 2, right. Class 1, termed "low and decreasing," contained over half of the male adolescents (57%) and demonstrated low and decreasing subclinical symptoms; Class 2, termed "moderate and stable," contained a third (34%) of the males and exhibited a slightly higher but stable trajectory of subclinical symptoms; Class 3 (12%), termed "high and stable," showed a trajectory of high and stable clinical-level symptoms. Internalizing symptom *T*-scores across time for each class are displayed in Table 6.

Step 3: Predictors of Membership in Latent Class Trajectories

Due to the number of class comparisons, Bonferroni corrections were applied in univariate and multivariate analyses. The traditional significance level was divided by 3 to reflect the three classes, resulting in a new significant level of .017 (i.e., .05/3 = .017).

Females: Univariate and Multivariate Logistic Regression

Logistic regression parameters are displayed in Table 7. In univariate analyses, higher stress responses to anti-immigration actions and news at T1 were associated with increased odds of being in the *high and stable* class vs. *low and stable* and *moderate and stable* classes, and of being in the *moderate and stable* class vs the *low and stable* class. Greater acculturative family distancing at T1 was associated with increased odds of being in the *high and stable* class vs. the *low and stable* class. Higher peer victimization at T1 was associated with increased odds of

being in the *high and stable* class vs the *low and stable* class and of being in the *moderate and stable* class vs the *low and stable* class. Lastly, higher peer support was associated with increased odds of being in the *low and stable* class vs. the *moderate and stable* and *high and stable* classes and of being in the *moderate and stable* class vs. the *high and stable* class.

Findings from multivariate analyses indicated that the pattern of findings for latent classes mostly held even after accounting for the impact of other predictors. Stress responses to anti-immigration actions and news at T1 remained a significant predictor of class membership; higher stress responses to anti-immigration actions and news were associated with increased odds of being in the *high and stable* class vs. the *low and stable* and *moderate and stable* classes. Higher peer victimization at T1 was associated with increased odds of being in the *moderate and stable* class vs the *low and stable* class. Lastly, higher peer support was associated with increased odds of being in the *low and stable* class vs the *high and stable* class.

Males: Univariate and Multivariate Logistic Regression

Table 8 presents logistic regression parameters. In univariate analyses, higher stress responses to anti-immigration actions and news at T1 were associated with increased odds of being in the *high and stable* class vs. the *low and decreasing* class and of being in the *moderate and stable* class vs. the *low and decreasing* class. Acculturative family distancing was not related to class membership. Higher peer victimization at T1 was associated with increased odds of being in the *high and stable* class vs. the *low and decreasing* class and of being in the *moderate and stable* class vs. the *low and decreasing* class. Lastly, higher peer support was associated with increased odds of being in the *low and decreasing* class vs. the *moderate and stable* and *high and stable* classes.

Multivariate analyses reflected a similar pattern of findings even after accounting for the impact of other predictors. Stress responses to anti-immigration actions and news at T1 remained a significant predictor of class membership; higher stress responses to anti-immigration actions and news were associated with increased odds of being in the *high and stable* class vs. the *low and decreasing* class. Higher peer victimization at T1 was associated with increased odds of being in the *high and stable* class vs. the *low and decreasing* class.

CHAPTER 4

DISCUSSION

Guided by ecodevelopmental theories, this study examined risk and promotive factors across multiple contexts as predictors of internalizing symptom trajectories in Latinx adolescents. Overall, there was strong support for study hypotheses. Three latent classes were identified based on symptom trajectories across the two-year period for both females and males. Further, culture-specific and general risk and promotive factors related to trajectory-based class membership in theoretically expected ways, with some differences by gender. This study informs our understanding of risk and resilience processes in relation to Latinx youth's internalizing symptoms across early adolescence.

Regarding symptom trajectories, both female and male adolescents showed variability in their initial level of symptoms at T1 and their trajectories of symptom change overtime. These gender differences support the value of examining latent classes within females and males and of using statistical approaches that consider within-sample variability. Consistent with hypotheses, three classes of internalizing symptom trajectories emerged for females. Roughly half of females displayed a low and stable trajectory of internalizing symptoms across the four time points. This is consistent with previous work showing that most youth demonstrate low and stable symptoms across adolescence (Arizaga et al., 2020). Approximately a third of females displayed slightly higher, but subclinical symptoms that remained stable and a smaller percentage of females displayed clinical levels of symptoms that remained stable over time. Contrary to expectations, results did not identify a group of females who showed increasing or decreasing levels of

symptoms over time. Although prior work has found that a smaller proportion of youth have increasing or decreasing trajectories over a two-year period (Arizaga et al., 2020), this work did not examine females and males separately.

As with findings for females, three classes emerged for males. Consistent with hypotheses, nearly half of males displayed low levels of symptoms that decreased across the four time points. The second largest group of males displayed slightly higher, but subclinical levels of symptoms that remained stable over the two years, and roughly 10% of males exhibited clinical-level symptoms that remained stable. As noted above, these results are generally consistent with prior work that finds the largest group of adolescents show low and decreasing symptoms over time (Arizaga et al., 2020).

Overall, the classes identified using latent class growth curve modeling are consistent with prior work using these methods; youth generally cluster into three or four classes based on their symptom trajectories and the largest percentage of youth display low levels of symptoms that remain stable or decrease over early adolescence (De la Torre-Luque et al., 2020; Hill et al., 2017; Shore et al., 2018). Previous work has not examined males and females separately and has consisted of mostly White samples. Our study addressed this critical gap and identified classes of symptom trajectories for both Latinx female and male adolescents. Results identified a decreasing symptom levels group only for males; information that may have been missed if the entire sample was examined together. Notably, the other two classes for both females and males were similar to each other. Nearly a third of females and males showed stable but slightly higher subclinical symptoms, and roughly 10% of each gender displayed clinical levels of symptoms that remained stable.

With regard to predictors of trajectories, although some gender differences emerged, predictors mostly related to class membership in similar ways among females and males. When anti-immigrant actions and news led to higher levels of worrying about the future and avoiding immigration authorities, females and males were more likely to display stable, clinical-level symptoms. This is consistent with findings by Roche and colleagues (2020) showing that Latinx youth who experienced higher levels of worry and behavioral withdrawal in the context of anti-immigrant actions and news had higher depressive symptoms. Latinx youth and their families are exposed to discriminatory and anti-immigrant messages from a number of sources in their daily environment (e.g., media, community members, peers), which has significant consequences for Latinx youth's mental health (Bennett et al., 2020; Roche et al., 2020). Importantly, stress-based responses that take place in the context of an increasingly hostile anti-immigrant environment are a significant predictor of internalizing symptoms for females and males after accounting for other sources of risk and peer support. This further suggests that stress associated with the anti-immigration environment is an important and impactful predictor of internalizing symptoms.

In contrast to the findings for stress responses to anti-immigration actions and news, those for acculturative family distancing only predicted class membership for females, and that finding was no longer statistically significant after accounting for the influence of other risk factors and peer support. In part, this is consistent with our hypothesis that acculturative family distancing may be more impactful for females compared to males, given gender differences in cultural values and expectations. Further, bivariate correlations show that acculturative family distancing was significantly correlated with symptoms for females at all four time points, whereas it was only related to symptoms for males at T1 and T2. However, when accounting for the impact of other sources of risk and peer support, acculturative family distancing did not

predict class membership for females suggesting that this source of stress did not uniquely contribute to their internalizing symptoms when considering other risk and promotive factors.

As expected, higher levels of peer victimization predicted stable, clinical-level symptoms for both females and males. Peer victimization has been shown to increase risk for internalizing problems in youth, including among Latinx adolescents (Lutrick et al., 2020). The present study meaningfully expanded upon this work by showing that peer victimization predicts internalizing symptoms above and beyond other significant contextual stressors. Despite females reporting higher levels of bullying than males (Table 1), the experience of bullying by peers at school represents a significant source of stress for both female and male Latinx youth. Importantly, peer victimization remained a significant predictor even after accounting for peer support. Given the moderately high negative correlation between peer victimization and peer support in this study, youth who experience high levels of bullying may not receive much support from peers.

Lastly, as expected, higher levels of peer support predicted low-stable and low-decreasing symptom trajectories for females and males, respectively. However, after accounting for risk factors, peer support remained a significant predictor of symptoms only among females. This is relatively consistent with a meta-analysis that found the relation between peer support and psychological well-being was stronger for female than male adolescents (Chu et al., 2010). Receipt of peer support may be more salient and impactful among females who expect greater levels of support from close friends (Klimes-Dougan et al., 2014). Further, although females and males in the present study did not report significantly different levels of peer support (Table 1), bivariate correlations indicate that peer support was more strongly negatively correlated with symptoms among females. Together with the findings for peer victimization, the results strongly highlight the peer context as critical for understanding Latinx youth adjustment. Given the

increased importance placed on peer relationships during adolescence, receipt of peer support may promote resilience and positive youth adjustment among Latinx youth. Support from peers may increase feelings of being cared for and valued by members outside of one's family, which may be particularly impactful among Latinx youth who experience acculturative stress (Lorenzo-Blanco & Unger, 2015) and other culture-specific stressors (e.g., peer discrimination; Gonzalez et al., 2014). Peer support may strengthen youth's ability to cope with these stressors by providing verbal and emotional assistance, such as aiding in problem-solving and emotion regulation strategies. In sum, results highlight the importance of considering sources of support outside of the family and contribute to the growing literature on the promotive effects of peer support on Latinx youth's mental health.

This study had several meaningful strengths including a large, diverse population of Latinx adolescents who came from a range of socioeconomic backgrounds. Additionally, youth were intentionally sampled from schools that varied in their degree of Latinx population to ensure heterogeneity in school racial composition. Four waves of data roughly six months apart allowed us to apply growth curve modeling to conduct rigorous tests of symptom trajectories during a developmental period when extrafamilial settings, such as peer groups, become increasingly salient to youth adjustment. We also analyzed trajectories by gender, which is critical for advancing our understanding of unique trajectories within female and male adolescents. Results highlight the potential impact of anti-immigration policy implications for understanding adjustment in Latinx youth and suggest that consideration of both family and peer contexts is critical for prevention and intervention programming. Additionally, this study identified peer support as a potential buffer against increases in internalizing symptoms. Taken

together, the results suggest that both culture-specific and general risk and promotive factors are critical when assessing and treating internalizing symptoms in Latinx youth.

We were most interested in adolescents' perception of their experience of contextual stressors, and the degree of peer support they receive. Further, adolescents are considered the most accurate reporters of their internalizing symptoms. Nonetheless, future research can incorporate multiple reporters, such as parents or teachers. This study also examined internalizing symptoms broadly; this was in part due to the high comorbidity of anxiety and depressive symptoms during adolescence (for review see Cummings et al., 2014) and research suggesting similar trajectories of anxiety and depressive symptom change in Latinx youth (Cruz et al., 2019), including somatic complaints (Sirin et al., 2015). Future studies may consider trajectories of specific components of internalizing symptoms. Further, bullying was assessed using a general measure that ignored whether the bullying was perpetrated by peers with more privileged social positions (e.g., White, cis-gender) toward Latinx youth with one or more less privileged social positions. Thus, some of the bullying experiences we captured may have been consistent with discrimination experienced in the context of racism, heterosexism, or combinations of systems of oppression. Our work cannot disentangle discrimination from bullying; this is an important area for future research. Relatedly, our measure of peer support examined supportive relationships within the school setting; more nuanced assessments of peer support may facilitate understanding of the sources (e.g., other Latinx youth vs. other ethnic groups) and types of support experienced by these youth. Lastly, data was collected from one southeastern city, which prohibits generalizability to Latinx youth nationwide who may experience varying levels of culture-specific risk factors such as anti-immigration attitudes.

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Table 1

Correlations and Descriptive Statistics by Gender

Variable	1	2	3	4	5	6	7	8	Females *M* (*SD*)	Males *M* (*SD*)
1. T1 Int	-	.64**	.62**	.54**	.35**	.20**	.46**	-.25**	15.70 (11.06) [a]	10.71 (8.61)
2. T2 Int	.72**	-	.73**	.61**	.21**	.16**	.28**	-.37**	16.29 (11.31) [a]	9.65 (8.45)
3. T3 Int	.63**	.72**	-	.71**	.21**	.14	.28**	-.22**	16.26 (11.57) [a]	10.16 (9.24)
4. T4 Int	.68**	.76**	.76**	-	.14	.14	.24**	-.22**	16.56 (11.67) [a]	9.83 (9.64)
5. Immigration	.43**	.39**	.30**	.32**	-	.04	.42**	.01	1.91 (.79)	1.83 (.81)
6. Acc Fam Dist	.33**	.28**	.18**	.28**	.20**	-	.10	-.39**	2.00 (.65)	1.98 (.66)
7. Peer Vic	.51**	.44**	.42**	.39**	.45**	.22**	-	-.30**	3.05 (1.33) [a]	2.81 (1.13)
8. Peer Support	-.50**	-.48**	-.42**	-.43**	.43**	-.34**	-.46**	-	3.58 (.84)	3.69 (.76)

Note. Females are below the diagonal; males are above the diagonal. Int = Internalizing Symptoms; Immigration = Stress Responses to Anti-Immigration Actions and News; Acc Fam Dist = Acculturative Family Distancing; Peer Vic = Peer Victimization.

** $p < .01$

[a]Significant difference between females and males determined via independent samples *t*-test ($p < .05$).

Table 2

Fit Indices for Growth Models

	Females					Males				
	χ^2(df)	CFI	TLI	SRMR	RMSEA	χ^2(df)	CFI	TLI	SRMR	RMSEA
No-growth	17.610 (8)	.985	.988	.047	.063	21.267 (8)	.962	.971	.079	.083
Linear	**5.010 (5)**	**1.00**	**1.00**	**.022**	**.003**	**10.359 (5)**	**.985**	**.982**	**.038**	**.067**
Quadratic	.238 (1)	1.00	1.00	.005	.227	2.406 (1)	.996	.976	.014	.077
Latent basis	3.075 (3)	1.00	1.00	.014	.010	2.246 (3)	1.00	1.00	.022	.000

Note. CFI = Comparative Fit Index; TLI = Tucker-Lewis Index; SRMR = standard root mean square residual; RMSEA = root mean square of approximation. Selected model is bolded.

Table 3

Fit Indices for Females' Latent Class Growth Analyses

Classes	BIC	Entropy	LMR-LRT	BLRT	Sample size per class n (%)
2	7614.200	.85	p < .001	p < .001	90 (30%), 212 (70%)
3	**7455.275**	**.83**	**p < .001**	**p < .001**	**37 (12%), 104 (35%), 161 (53%)**
4	7435.884	.74	p = .08	p < .001	30 (10%), 71 (24%). 95 (31%), 106 (35%)
5	7432.496	.75	p = .78	p < .001	26 (9%), 27 (9%), 45 (15%), 96 (32%), 108 (36%)

Note. BIC = Bayesian Information Criterion; LMR-LRT = Lo-Mendel-Rubin adjusted likelihood ratio test; BLRT = bootstrapped likelihood ratio test. Selected model is bolded.

Table 4

Parameters for Females' Three-Class Latent Class Growth Model

Class	Class proportion %	Intercept[a]	Slope[a]	T1[b]	T2[b]	T3[b]	T4[b]
1 "Low and stable"	53	8.17[c]	-.20	46.58	45.98	45.91	45.75
2 "Moderate and stable"	34	19.52[c]	.55	60.24	60.65	59.69	62.43
3 "High and stable"	12	33.35[c]	1.21	72.06	73.58	75.17	76.06

Note. [a]Unstandardized means of growth factors.

[b]Mean internalizing symptom *T*-scores; 65-69 = borderline clinical, 70+ = clinical.

[c]$p < .05$

Table 5

Fit Indices for Males' Latent Class Growth Analyses

Classes	BIC	Entropy	LMR-LRT	BLRT	Sample size per class n (%)
2	5239.286	.93	p < .001	p < .001	35 (15%), 205 (85%)
3	**5153.237**	**.79**	**p = .03**	**p < .001**	**28 (12%), 76 (32%), 136 (57%)**
4	5124.483	.83	p = .10	p < .001	5 (2%), 27 (11%). 79 (33%), 129 (54%)
5	5114.503	.82	p = .61	p < .001	5 (2%), 17 (7%), 19 (8%), 78 (33%), 121 (50%)

Note. BIC = Bayesian Information Criterion; LMR-LRT = Lo-Mendel-Rubin adjusted likelihood ratio test; BLRT = bootstrapped likelihood ratio test. Selected model is bolded.

Table 6

Parameters for Males' Three-Class Latent Class Growth Model

Class	Class proportion %	Intercept[a]	Slope[a]	T1[b]	T2[b]	T3[b]	T4[b]
1 "Low and decreasing"	57	6.01[c]	-.69[c]	46.77	44.21	43.06	42.77
2 "Moderate and stable"	32	12.38[c]	.75	57.16	57.40	59.69	58.27
3 "High and stable"	12	27.52[c]	.32	72.07	70.88	72.44	72.63

Note. [a]Unstandardized means of growth factors.

[b]Mean internalizing symptom *T*-scores; 65-69 = borderline clinical, 70+ = clinical.

[c]$p < .05$

Table 7

Predictors of Class Membership for Females: Univariate and Multivariate Logistic Regression Models

	Univariate Models						Multivariate Model					
	Class 3 vs Class 1 High vs Low		Class 3 vs Class 2 High vs. Moderate		Class 2 vs Class 1 Moderate vs Low		Class 3 vs Class 1 High vs Low		Class 3 vs Class 2 High vs Moderate		Class 2 vs Class 1 Moderate vs Low	
Predictors	Logit	p value	Logit	p value	Logit	p value	Logit	p value	Logit	p value	Logit	p value
Immigration	2.16	< .001	2.01	.001	.87	.004	1.53	< .001	1.22	.006	.31	.355
AFD	1.27	.001	.72	.094	.54	.101	.43	.417	.27	.625	.16	.711
Peer Victim	1.50	< .001	.36	.030	1.14	< .001	.75	.027	.03	.910	.77	.012
Peer Supp	-2.24	< .001	-1.12	.001	-1.11	< .001	-1.54	.002	-.81	.084	-.73	.019

Note. Unstandardized logit coefficients (i.e., log odds) are reported. Reference class is the second class listed in each comparison (i.e., Class 3 vs Class 1 means Class 1 is the reference class, so a positive logit coefficient means an increase in the predictor increases the odds of being in the non-reference class. Univariate and multivariate models adjust for mother education, youth age, youth generation status, youth Latino acculturation. Immigration = response to immigration; AFD = acculturative family distancing; Peer Victim = peer victimization; Peer Supp = peer support. Due to the number of class comparisons, Bonferroni corrections were applied. The traditional significance level was divided by 3 to reflect the three classes, resulting in a new significant level of .017 (i.e., .05/3 = .017).

Table 8

Predictors of Class Membership for Males: Univariate and Multivariate Logistic Regression Models

	Univariate Models						Multivariate Model					
	Class 3 vs Class 1 High vs Low		Class 3 vs Class 2 High vs. Moderate		Class 2 vs Class 1 Moderate vs Low		Class 3 vs Class 1 High vs Low		Class 3 vs Class 2 High vs Moderate		Class 2 vs Class 1 Moderate vs Low	
Predictors	Logit	p value	Logit	p value	Logit	p value	Logit	p value	Logit	p value	Logit	p value
Immigration	1.94	< .001	.89	.047	1.05	.007	1.43	.008	.62	.208	.82	.059
AFD	.58	.121	.13	.772	.45	.189	.33	.482	.40	.361	-.08	.877
Peer Victim	1.33	< .001	.51	.028	.81	.004	1.01	.002	.56	.061	.45	.164
Peer Supp	-.96	.013	.21	.594	-1.18	.010	-.29	.566	.63	.192	-.92	.065

Note. Unstandardized logit coefficients (i.e., log odds) are reported. Reference class is the second class listed in each comparison (i.e., Class 3 vs Class 1 means Class 1 is the reference class, so a positive logit coefficient means an increase in the predictor increases the odds of being in the non-reference class. Univariate and multivariate models adjust for mother education, youth age, youth generation status, youth Latino acculturation. Immigration = response to immigration; AFD = acculturative family distancing; Peer Victim = peer victimization; Peer Supp = peer support. Due to the number of class comparisons, Bonferroni corrections were applied. The traditional significance level was divided by 3 to reflect the three classes, resulting in a new significant level of .017 (i.e., .05/3 = .017).

Figure 1

Statistical Model of Present Study

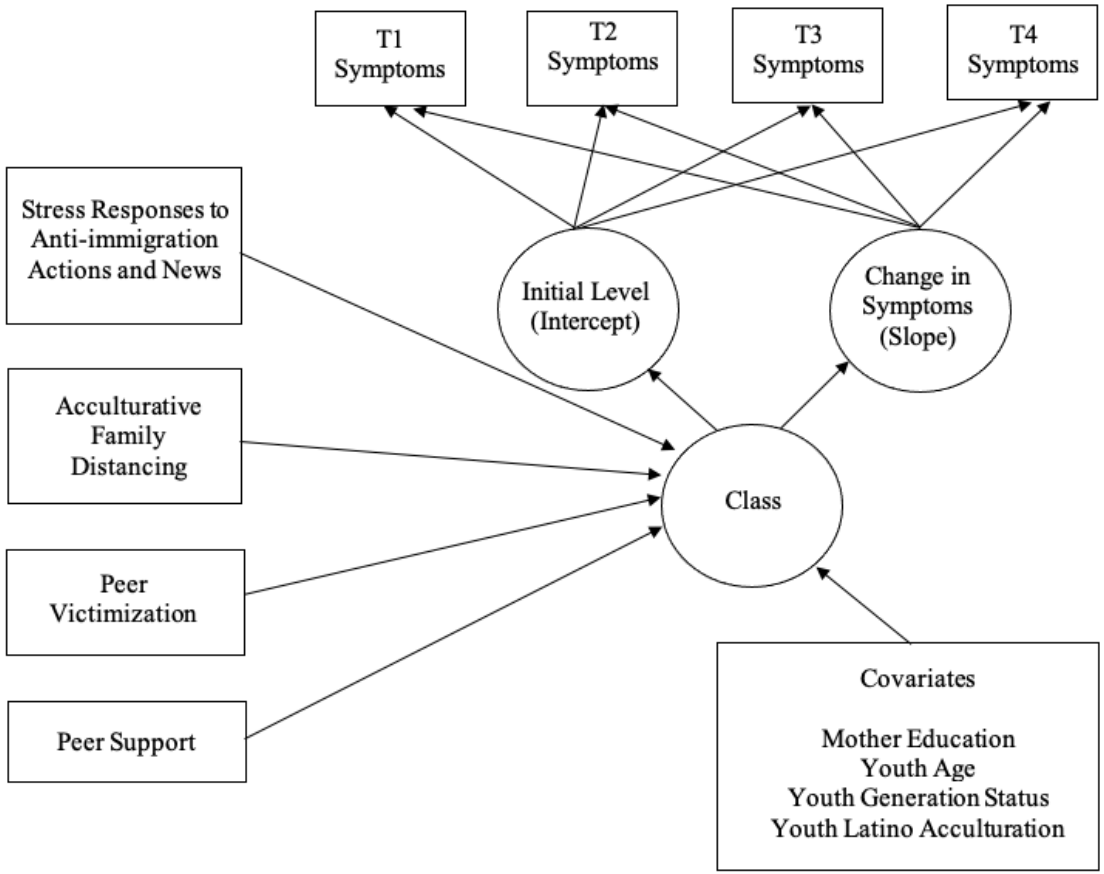
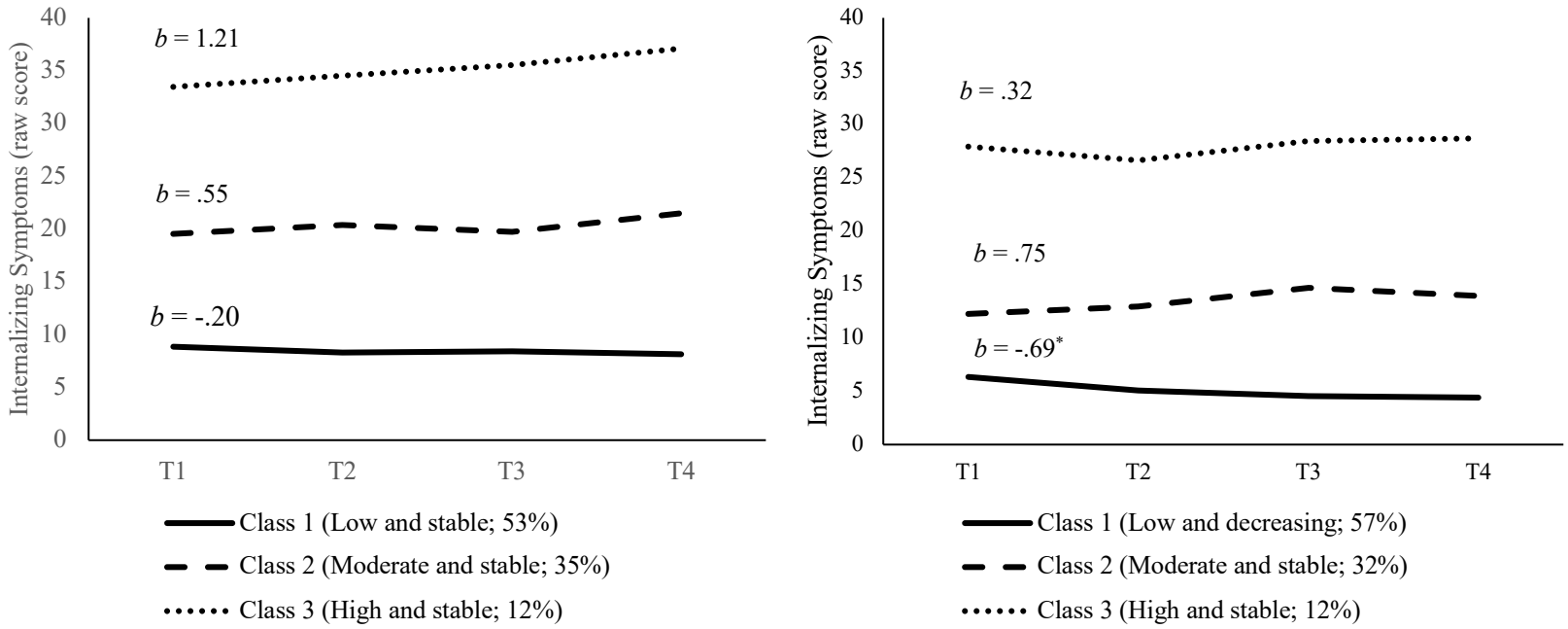


Figure 2

Female and Male Three-Class Model Trajectories



Note. Female classes appear on the left; male classes appear on the right. Unstandardized slope estimates for each class are indicated.

$^{*}p < .01$