Childhood Anxiety in Ethnic Families: Current Status and Future Directions

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Australia is a culturally diverse country with many migrant families in need of support and assistance from clinical psychologists. Yet, surveys indicate that migrants do not feel comfortable in accessing community mental health services, due to the lack of cultural sensitivity and understanding of our current practices. Despite this finding, there remains a paucity of research on migrant families, their different values and needs, and how they adjust to the Australian culture. The present article reviews research on migrant children, their characteristics, and the factors that help or hinder healthy adjustment to a new culture. This review focuses particularly on anxiety, which is not only the most common form of childhood psychopathology, but also frequently coincides with stressful life events such as migration. Our review concludes with recommendations for the development of assessment and intervention protocols, and areas of future research.

Since 1947, Australia has undergone rapid demographic change, in both size and ethnic composition (Storer, 1985). Australia's migration policies have resulted in one of the most ethnically diverse countries in the world. Current Australians were born in more than 20 countries, covering at least seven major religions, and even more ethnic groups (Storer, 1985). Despite this, little is understood about the psychological adjustment of Australia's migrants. It is highly likely that the stress and change associated with migration causes significant anxiety in ethnic families. In addition to adjusting to a new culture, migrants are likely to be grieving the loss of family, friends, and traditional ways of life. These traditional values and beliefs typically undergo change as a result of being exposed to a Western society such as Australia. For example, changes commonly occur in migrants' attitudes toward marriage, sex roles, and child rearing (Storer, 1985). The result of these changes is a unique blend of new and traditional values being upheld in many migrant families.

Understanding the experience of migrants and the associated cultural values and variables is important for developing an understanding of the experience of psychopathology in ethnic families. Although all mental health issues are influenced by cultural variables, this paper will only focus on the related constructs of anxiety and fear. The process of migration is likely to manifest as adjustment disorder for many migrant children. Clinically significant anxiety is also likely because of the difficult adjustments they are required to undergo. In addition, anxiety disorders are the most common form of psychopathology in children, with one in six Western children reporting anxiety difficulties (Chorpita, Albano, & Barlow, 1996; Dadds, Spence, Holland, Barrett, & Laurens, 1997; Mattison, 1992). These anxieties typically encompass such issues as fears about past, current, and future events; social worries; and separation anxieties. When the stressors of migration

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and cultural adjustment are added, it seems reasonable to assume that ethnic children in Australia will have an even greater prevalence of anxiety disorders than Australian-born children.

Despite this, the majority of research contributing to our understanding of anxieties in children and adolescents derives largely from Anglo participants in Western countries and cultures (Australia, Britain, and the United States). Few studies have contributed to our understanding of anxiety disorders in different populations and cultures. However, the culturally mediated beliefs, values, and traditions associated with socialisation practices play an important role in the kinds of issues that parents, teachers, and significant others perceive to be problematic. Consequently, there is a clear need to understand the impact of culture on the child and family. This need is intensified due to the inevitable fact that mental health services to culturally diverse children, youth, and families will be largely provided by practitioners who are not members of the cultural groups they are treating. If we are to meet the needs of our ethnically diverse society by developing and implementing culturally sensitive and appropriate services, it is vital that our understanding of psychopathology in ethnic families increases.

The aims of this article are twofold. First, this article aims to review our current understanding of childhood anxiety disorders in ethnic families. Understanding the risk factors and clinical characteristics of anxiety in Australian migrant or ethnic families may help us to develop programs targeted to the particular needs of migrants. Research in Australia, whose colonisation history is brief, is limited. Consequently, international research with ethnic populations will be examined. Second, this article aims to provide readers with some guidelines for furthering our understanding of anxiety in ethnic children and their families. Australian researchers have an international reputation for their work in the area of childhood anxiety disorders. Yet our migrant and ethnic families have been largely ignored. If we are to adequately service the mental health needs of our ethnically diverse community, then researchers and clinicians must become more culturally aware in their work with ethnic families.

Understanding the Nature of Anxiety in Ethnic Families

An important feature of anxiety is fear, which is typically a normal response to situations perceived as threatening, but in extreme forms can be extremely distressing to a child. Children's fears are seen to reflect something of their understanding of the world and their place in it. Therefore, it is highly likely that cultural influences will be evident in the fears and subsequent anxiety that children report.

The majority of studies examining the nature of fear and anxiety in ethnic families focus on crosscultural prevalence and normative data. Research on childhood fears across cultures has predominantly used the Fear Survey Schedule for Children – Revised (FSSC-R; Ollendick, 1987), or a modified version of it. Ollendick and his colleagues (Ollendick, King, & Frary, 1989; Ollendick & King, 1994; Ollendick, Yang, Dong, Xia, & Lin, 1995; Ollendick, Yang, King, Dong, & Akande, 1996) have conducted extensive research into the prevalence and nature of crosscultural fears in children and adolescents using the FSSC-R, which is a checklist of potential fears in children. An initial study in 1989 focused on exploring the reliability and generalisability of the FSSC-R across a population of predominantly Caucasian children and adolescents from the United States and Australia (Ollendick et al., 1989). Two significant findings emerged. Firstly, the factor structure of the FSSC-R was found to be fairly robust across gender, age, and nationality. Secondly, children of both sexes, aged 7 to 16 years, from Australia and the United States, identified an overwhelming number of similar fears. With respect to the prevalence of fears, girls reported significantly more fears than boys, and children in the 7- to 10-year-old group reported significantly more fears than either the 11- to 13-years-olds or the 14- to 16-year-olds, who did not differ from one another. Girls reported a higher overall level of fear than boys. Other Australian studies (e.g., King, Gullone, & Tonge, 1991) have found similar demographic related trends, emphasising the need for age-appropriate interventions. These trends are yet to be examined among

ethnic minority groups residing in Australia, findings of which may similarly emphasise the need for culture-appropriate interventions.

The main strengths of Ollendick and colleagues' (1989) seminal work was the reliability confirmation of a well-used childhood fear scale that provided norms for an Australian population of 7- to 16-year-old boys and girls. However, an identified weakness was that the American and Australian children were generally very comparable in respect to their lifestyles and values. Although participants represented different countries, their cultural identity was very similar. It is consequently not surprising that the children reported the same number of fears, and did not differ in their reported intensity of fear. Neal, Lilly, and Zakis (1993) compared the fears of African American and Caucasian American children, and also found a high degree of similarity. Although these results suggest that children's fears may transcend race, both groups of children had been living in America all their lives. Consequently, it could still be argued that, although the groups were comprised of different ethnicity, all participants grew up in and were exposed to the same culture.

In an effort to overcome these weaknesses, and further explore the generalisability of the FSSC-R across nationalities, Ollendick et al. (1996) extended this research to compare fears across children and adolescents from four different cultures: Australia, Nigeria, the People's Republic of China, and the United States. Compared to Western cultures, Asian and African nations have been found to favour socialisation practices that emphasise self-control and compliance (Papps, Walker, Trimboli, & Trimboli, 1995; Weisz, Sigman, Weisz, & Mosk, 1993). Based on this information, Ollendick et al. (1996) hypothesised that the fears reported by children would vary between cultures, and particularly that the overall levels of fear would be higher in the Nigerian and Chinese samples.

These results were partially supported. As with the earlier study, girls were found to report more fears and a higher level of fears than boys, but these results were restricted to children and adolescents from the American, Australian, and Chinese samples. Both boys and girls in the Nigerian sample reported a similar number and level of fear, and thus did not significantly differ from one another. However, their scores were significantly higher than those from the other samples. These results somewhat support the hypothesis that children raised in cultures that encourage compliance and self-control report higher levels of fears. However, this was only true for the African sample, and not the Chinese sample.

Dong, Yang, and Ollendick (1994) further examined fears in Chinese children. Similar levels of fear were found between Chinese and Western children, except for those in the middle-childhood years. Chinese children between 11 and 13 years reported a higher level of fear than Chinese children 7 to 10 years, or 14 to 17 years. This pattern was evident for both boys and girls. A developmental-cultural hypothesis was offered to explain this finding. Achievement in education is seen as the key to social mobility in the Chinese, so there are strong family pressures to excel in school. Educational pressures were considered to be at their height for 11- to 13-year-olds, who would be competing for places in selected schools. In support of this interpretation, these children scored particularly high on the fear of failure factor (Dong et al., 1994).

To further explore the differences in fear in African children and adolescents, Ingman, Seligman, Ollendick, and Akande (1994) sought to compare level and type of fear in children in Nigeria and Kenya, again using the FSSC-R. At the time the research was conducted, Kenya was undergoing a transition period, with traditional ways of life being radically altered by education, new agricultural practices, and opportunities in commerce and industry. In contrast, Nigeria remained one of the more traditional countries in Africa. As a result, it was hypothesised that the level of children's fears would be lower in Kenya than in Nigeria. Five hundred and fifty-one children from Nigeria and three hundred and ten children from Kenya (aged 8–17) were administered the FSSC-R in English (the language in which they were taught at school). The children were all Black Africans and were drawn from

rural, suburban, and urban areas throughout both countries. Results revealed that Nigerian children reported significantly higher levels of fear than Kenyan children, and reported more total fear and a higher prevalence of fear. These results were attributed to the more traditional beliefs that were held in Nigeria. For example, superstitions, taboos, ancestral worship, and the presence of spirits were presumed to have greater influence in Nigeria than in Kenya. Lower levels of fear in Kenyan children were attributed in part to the greater prevalence of Western settlers in Kenya.

Notably, though, the total fear scores in both the Kenyan and Nigerian samples were greater than the total fear scores reported in the Western and Asian samples described above (e.g., Ollendick et al., 1996). This suggests that the cultures of Kenya and Nigeria may share a common variance. Ollendick et al. (1996) have suggested that African countries stress obedience, self-control, emotional restraint, and compliance to social rules. This may account for elevated social-evaluative and safety fears. Consistent with this hypothesis, Weisz et al. (1993) reported that African children and adolescents displayed more problems of overcontrol (i.e., internalising) and less of undercontrol (i.e., behaviour problems) than their American counterparts. These findings so far perhaps suggest that fears and related anxiety are culture specific. Children from countries with common cultural norms such as independency or openness to experience may share similar fears and fear levels, in comparison to children from countries with traditional norms such as interdependency.

In a related effort to explore whether children who are raised in a non-Western culture (with a different understanding of the world) reveal a different level and type of fear than their Western counterparts, Elbedour, Shulman, and Kedem (1997) administered a modified version of the FSSC-R to a sample of 430 Jewish-Israeli and 435 Bedouin-Israeli children. Israel is an industrialised, achievement-oriented, Western society where qualities such as autonomy, personal competence, and achievement are valued. Israeli children and adolescents are encouraged to move to independence from the family, and peer relations are emphasised and valued. In contrast, Bedouin-Israeli is a patriarchal society, where children and adolescents are expected to respect and obey the patriarchal authority, and a strong sense of community and the supremacy of elders is upheld. Results revealed that Bedouin children reported a higher level of fear and a greater variety of fear stimuli than Jewish children. These results again emphasise the power of different cultures to mould the individuals who are raised within them. The patterns and intensity of fears reported by Jewish children are extremely similar to those reported by children from Western societies. In contrast, Bedouins may foster some level of fear in order to maintain group cohesiveness. For example, Bedouin parents convey an overly cautious view of the world that reinforces the centrality of group or tribal cohesiveness, and parents often use superstitions such as ghosts to coerce their children into good behaviour by telling them that they will be taken away by ghosts if they misbehave. In such an atmosphere, children's fear and dependency is enhanced, and independence is discouraged.

What does this crosscultural research on children's fears tell us? The studies reviewed recruited samples of children and adolescents from Australia, Britain, Africa, China, Israel, and America. Results were similar across the three English-speaking countries, but important differences were noted in the African and Israeli samples. Notably, the African and Israeli children scored higher than the other countries. It is highly likely that culture is the reason for these score differences. For example, it is thought that the traditional beliefs held by Africans and Bedouins tend to foster superstition and fear in children. In a similar summary of crosscultural research on children's fears, Fonseca, Yule, and Erol (1994) also reviewed studies examining fears in Dutch and Portuguese children. They found that Dutch children scored lower and the Portuguese children scored higher than those from Western countries. Culture was again cited as the likely reason for these score differences. For example, Latin people tend to be highly expressive and this may explain the higher scores found in Portuguese children, while Nordic people learn from an early age not to express their fears so openly. These findings tell

us that culture and socialisation are important influences on the expression of children's fears.

Somewhat surprisingly, despite differences in fear expression, most of the participating countries yielded a top-ten list of fears that was remarkably similar, with seven of the same fears found in the top ten fears of all countries examined. Fear of being hit by a car or truck ranked highest in all samples, followed by fear of not being able to breathe, fear of a bomb attack, of fire, of a burglar, of falling from a height, and of death. Different cultures show many more similarities than differences. However, Fonseca et al. (1994) noted that this level of agreement masks an important methodological point: the FSSC-R is a forced-choice measure. Therefore, the similarities are evident only for those fears about which children were asked.

The research on children's fears generally shows us that unselected, "normal" children report a surprisingly large number of fears. For example, Ollendick et al. (1989) and Ollendick and Yule (1990) showed that the average number of fears reported by American, Australian, and British youths between 7 and 17 years of age was 14 fears. It is, however, difficult to determine the significance of these fears without an understanding of the level of interference that these fears produce. McCathie and Spence (1991) therefore examined level of interference in the reported fears of children and adolescents. They found that all children reported a high frequency (daily) of fearful thoughts, and reported considerable avoidance of situations because of their fear of them. Ollendick and King (1994) replicated these results. Therefore, from a clinical standpoint, these relatively "normal" fears result in considerable distress for children irrespective of age, gender, or cultural group.

In a recent comprehensive review of research findings on fear, Gullone (2000) revealed general developmental trends of normative fear for age, gender, and socioeconomic status. Although methodological and definitional variance makes it difficult to draw distinct conclusions, a variety of studies over the past century have commonly found that younger children report experiencing higher frequency and intensity of fear than older children and adolescents. Girls generally report having more fears than boys, and experience fear with more intensity. Children of low socioeconomic status also experience a greater degree of fear, regardless of age or gender. While similarities across cultures are evident, crosscultural investigations (e.g., Dong et al., 1994; Ollendick et al., 1996) reveal slightly different trends. Not only do different cultures report varying levels and intensity of fear, but the experience of fear across age and gender has also been found to differ in specific cultures from general research norms. Clearly, more work is required to elucidate culturally specific developmental patterns of fear, especially among migrant populations in Australia who are at risk of developing anxiety-related problems.

The research literature to date has revealed that childhood fears are relatively common across cultures, and that the nature of these fears change over development. Although many childhood fears are mild, age-specific, and transitory, and possess adaptive value, they may become intense and persist over time, resulting in major distress to the child. Consequently, fears in childhood are frequently related to anxiety and other negative emotions (e.g., depression). Ollendick, Yule, and Ollier (1991) examined the pattern and intensity of fears in a sample of British school children and the relation of those fears to anxiety and depression. A moderate relation was found between fear and anxiety, and anxiety and depression were highly inter-related. Therefore, a greater understanding of fears is of great importance to our understanding of anxiety in culturally diverse populations.

A Crosscultural Understanding of Anxiety Disorders in Children

Ethnic minority group research into anxiety disorders is sadly lacking in Australia. Therefore, much of the research literature into anxiety disorders in culturally diverse children and youth is drawn from the American literature. In adults, it has been shown that African Americans have higher rates of panic and phobias than Whites, even when sociodemographic

factors were controlled. This has been attributed to the experience of more stressful life events, including separation from parents and other traumatic childhood events (Evans & Lee, 1998). Comparable data for child and youth populations are not available.

Only a handful of studies have examined the characteristics of non-Caucasian children and youth who presented to specialty childhood anxiety disorder clinics. Last and Perrin (1993) and Treadwell, Flannery-Schroeder, and Kendall (1995) compared African American children with Caucasian children. In an effort to examine the similarities and differences between these two groups, Last and Perrin (1993) compared sociodemographic variables, lifetime prevalence rates of *Diagnostic and Statistical Manual of Mental Disorders* anxiety disorders *(DSM-III-R*; American Psychiatric Association, 1987), and various self-report indices examining symptoms of anxiety (e.g., FSSC-R, STAIC, and RCMAS). All children and their mothers who presented to an anxiety disorders clinic were administered a comprehensive battery of interview schedules and questionnaires. On each of the variables examined, the two groups were found to be highly similar. These results were replicated by Treadwell et al. (1995). They, too, found many more similarities than differences when examining the frequency and content of fears and anxieties as a function of ethnicity. However, the samples of African Americans in these studies were relatively small (approximately 20%, as compared to 80% of Caucasian Americans). Casper, Belanoff, and Offer (1996) explored gender and racial differences in self-reported psychiatric symptoms of adolescents (16–18 years). Their sample was 52.2% White; 42.9% Black; and 4.9% Asian, Hispanic, or "other". Female adolescents, regardless of race, reported significantly higher levels of emotional distress than males. Black and white adolescents were highly similar in psychological adjustment and self-reported psychiatric symptoms.

Using the methodology of Last and Perrin (1993), Ginsberg and Silverman (1996) compared a sample of Hispanic and Caucasian children. With respect to the various clinical characteristics examined, Hispanic and Caucasian children were remarkably similar in their percentages of school refusal and comorbid diagnoses, as well as in the clinician's ratings of interference. With respect to rates of primary diagnoses, the two groups were again highly similar, with simple phobia being the most prevalent disorder, followed by overanxious disorder, separation anxiety disorder, and social phobia. The only difference found between the two groups in terms of primary diagnosis was that a higher proportion of Hispanic children presented with separation anxiety disorder. The authors attributed this finding to traditional Hispanic family values, where an emphasis is placed on interdependence (and maintaining close-knit family ties) rather than independence. Hispanic parents also rated their children as more fearful (using the FSSC-R) than did parents of Caucasian children. However, child self-report ratings exhibited no such differences. Taken together, these results clearly suggest that prevalence rates of anxiety disorders may be more similar than different among cultural groups within the United States.

One reason for these similarities may be that the ethnic populations included for study may have been living within the majority culture for some time. No measures of acculturation or cultural identification were taken. It may be that many of the families interviewed were well adjusted to American culture. Perhaps greater differences would emerge if comparisons were made against new migrants, or migrants or ethnic families who considered themselves to have little in common with the majority culture. Phinney and Devich-Navarro (1997) examined variations in bicultural identification among African American and Mexican American adolescents. They found wide variation among ethnic minority adolescents in the ways in which they identified with their ethnic culture and with the wider society. Nearly 90% of the adolescents interviewed considered themselves to be bicultural, but being bicultural had qualitatively different meanings within and across ethnic groups. Clearly, consideration of bicultural identification in ethnic minority children and youth is important in furthering our understanding of anxiety and adjustment difficulties in these populations. Current research on the role of bicul-

turalism in psychological wellbeing is limited and inconsistent (Rogler, Cortes, & Malgady, 1991). Oetting and Beauvais (1991) suggested that strong identification with either one or both groups might provide the needed basis for a good self-concept for minority youth. However, other research (LaFromboise, Colemen, & Gerton, 1993; Sanchez & Fernandez, 1993) indicated that failure to develop contacts and identification within the larger society can be problematic. Further research using similar measures across groups and settings is needed to explore these inconsistencies.

Only one study examining the mental health status of ethnic migrants could be located. Kupersmidt and Martin (1997) examined the prevalence of mental health problems in the children of migrant and seasonal farm workers in the United States. A migrant farm-worker child was defined as a child who had moved with a parent within the previous 12 months across state or school-district boundaries to enable a parent or family member to obtain temporary or seasonal employment in an agricultural industry. A seasonal farm-worker child was defined as a child whose parent was employed in an agricultural activity but who had not migrated in the previous year. The majority of participants were Hispanic, although a small proportion of participants were African Americans. Mothers and children (aged 8–11 years) were interviewed by bilingual research staff using the Diagnostic Interview Schedule for Parents (DISC-P) and the parallel interview for the child (DISC-C). The results of this pilot study found that the rates of mental health problems in children of migrant and seasonal farm workers exceeded the national estimates for the general population of children in the United States. The children were two (or more) times as likely as community children to have a simple phobia, separation anxiety, avoidant disorder, generalised anxiety disorder, social phobia, agoraphobia, or dysthymia. Although it was methodologically impossible to account for the impact of sociodemographic variables (e.g., chronic poverty and chronic homelessness, parental mental illness), these findings are striking, and clearly indicate that migrant children constitute a high-risk sample for serious psychiatric problems. The authors note that the unusually high rates of anxiety disorders in this population may constitute a normal response to exposure to a stressful, uncertain, and impoverished lifestyle. Regardless of the etiology, however, these findings are additionally disturbing in view of the fact that fewer than half of the farm-worker children with a psychiatric diagnosis had seen a mental health professional for their mental health problems.

Risk Factors and Protective Mechanisms

The nature of psychopathology in ethnically diverse populations requires further understanding, specifically with regard to the risk and protective factors associated with cultural diversity.

Language and Communication

Language and communication difficulties are frequently cited as potential risk factors. An inability to function effectively in the language of the majority obviously impairs a child's academic functioning (Evans & Lee, 1998), and is frequently associated with peer rejection and social isolation. In addition, lack of vocabulary and knowledge of the syntax of the majority language has been shown to contribute to feelings of inadequacy and inferiority (Wyspianski & Fournier-Ruggles, 1985). As a result of these experiences, ethnic minority children are at an increased risk of social withdrawal and, possibly, social anxiety.

The importance of understanding culturally specific communications also includes an understanding of nonverbal behaviour. For example, eye contact has been shown to be culturally influenced (Evans & Lee, 1998). In Western cultures, eye contact is considered to be an indication of interest and attentiveness (Beebee, 1974). However, avoidance of direct eye contact in relation to authority figures is considered respectful by some Asian and West African cultures (Waxer, 1985). Consequently, Western teachers or counsellors may interpret a lack of eye contact displayed by non-Western children as shy, inattentive, rude, or even hostile.

Peer groups may also respond negatively to nonverbal behaviours that were culturally appropriate in a migrant's home culture. For example, Asian immigrant children and youth are often rejected in Western societies for displaying shy, dependant, self-restrained, and inhibited behaviours (Chen, Rubin, & Sun, 1992). Although these behaviours are highly valued in Asian countries, they are no longer considered positive in a Western school setting or peer group.

Cultural Value Conflicts and Acculturation Stress

Among individuals of all racial/ethnic minority groups, there is wide variation in terms of their orientation toward the traditional characteristics of their racial/ethnic group, assimilation into the majority culture, and their own racial/ethnic identity. A considerable source of stress, then, is the conflict that often arises between traditional cultural values and the values that are present in their new society. Parents and family tend to represent traditional cultural values, while peers, school, and the mass media typify the majority culture (Evans & Lee, 1998). In Western societies, adolescence is a time of increasing independence and individuation from one's family of origin. However, in Asian countries, independence, individuation, and self-assertion are minimised, and may be interpreted as a sign of giving up on the family, resulting in considerable family conflict and disappointment (Baptiste, 1990). As a result, many Asian adolescents are overwhelmed by the mixed and conflicting messages they receive, and may become withdrawn, depressed, and/or angry (Feldman & Rosenthal, 1990). Intergenerational conflict then tends to become complicated by a cultural clash between parents and children (Baptiste, 1990).

Acculturation, the process of adjustment for an ethnic individual to the majority culture, may involve adapting to new behaviours, attitudes, and values (Dyche & Zayas, 1995). Such change may require several stages, starting with initial idealisation of the new culture, followed by disillusionment, and resulting in gradual acceptance of both positive and negative aspects of the new culture (Merrel, 1999). This process of acculturation is often very stressful, particularly for young people (Evans & Lee, 1998). Pawliuk et al. (1996) conducted a study specifically examining acculturation and psychological functioning in children and youth aged 6 to 17 years. They classified acculturation style in four ways: *assimilation*, where the culture of origin is rejected in favour of the majority culture; *integration*, where the culture of origin is retained while participating in the majority culture; *separation*, where the original culture is maintained without participation in the majority culture; and *marginalisation*, where both the original and the majority cultures are rejected. Both children and their parents were classified. They found that 54% of children adopted an integrative style (compared to 41% of parents), 40% adopted an assimilative style (compared with 9% of parents), 6% adopted a marginalised style (compared with 3% of parents), and no children (although 47% of parents) adopted a separation style. In addition, 23% of these children exhibited clinically significant levels of psychopathology on the Achenbach Child Behaviour Checklist. The majority of these children were classified as assimilated, and the authors hypothesised that parents considered their children's acculturation style to be rebellious and therefore reported more psychopathology.

Lee (1996) conducted a study examining acculturation and socioemotional adjustment in a sample of 124 Chinese-Canadian adolescents. Adolescent acculturation was significantly and negatively correlated with self-reported loneliness, depression, and parent-reported internalising problems. Clearly, the relationship between acculturation and psychological health and adjustment is complex, and much more research is needed in this area.

Family and Social Support

One of the greatest protective factors that ethnic immigrant children and youth have in their favour is familial and social support networks. Although familial adherence to traditional cultural values can lead to intergenerational conflict and distress, there is also evidence that familial support is positive. For example,

Knight, Verdin, and Roosa (1994) examined social and family correlates of mental health in Hispanic and White American children. They found that Hispanic children were buffered against poor psychological outcomes by the level of social support that was provided by the extended family. To date, however, little attention has been paid to the culturally determined protective mechanisms that can buffer children and youth against psychopathology.

Crosscultural Treatment Studies

Though it is often suggested as a topic for future research, little, if any, research has been published that focuses on the treatment of psychopathologies reported by children, adolescents, or adults from non-English-speaking backgrounds. In recent years, a number of authors have outlined the necessity for research that develops and evaluates culturally relevant and sensitive assessment and treatment programs (Fonseca et al., 1994; Forehand & Kotchick, 1996; Garrett & Lin, 1990). No such treatment programs for ethnic minority children could be found in the literature.

Filling the Gap: Recommendations for Future Research

The crosscultural literature indicates that anxiety disorders in migrant children remains a neglected topic in child psychopathology. Although limited in number, the reviewed studies indicate that migration is a challenging process, during which many cultural factors influence the psychological adjustment of migrant families and children. Crosscultural studies have shown similarities in the number, content, and intensity of childhood fears in relation to age, gender, race, and socioeconomic status of the children studied. In general, it has been found that childhood fears are more frequent and intense in younger children than in older ones, in girls than in boys, in African/Israeli children than in Caucasian children, and in children of lower socioeconomic status than higher socioeconomic status (Gullone, 2000; Ollendick, et al., 1995).

Investigations into normative fear have revealed that the experience of fear is relatively similar across countries, but culture and socialisation variables appear to influence the expression of fear. Research that takes a closer look at the experience of fear (e.g., Gullone, King, & Ollendick, 2000) may elicit not only information that serves to expound constructs of fear and anxiety, but also characteristics that differentiate the experience of fear from its expression. Culture-specific epidemiological studies of fear across age, gender, and socioeconomic groups would also contribute greatly to understanding the experience of fear among migrants to Australia. In order to develop assessment instruments sensitive enough to discriminate between sociocultural factors of experience and expression among migrant families, future investigations would do well to elucidate the influential variables across ethnic groups. Such variables (reviewed in Sonderegger, Barrett, & Sonderegger, in press) plausibly include acculturative stress, family and social support, and communication barriers. Research into the complex interplay of variables may help to reveal the pathways through which fears develop in migrant children.

Clinical psychologists and researchers need to take into account several factors that may place migrant children at risk of anxiety disorders and other forms of psychopathology. Early evidence indicates that fear and disorders of anxiety are universally present, although the prevalence of the different anxiety disorders seems to vary across cultures. Cultural norms appear to have a strong influence on levels of fear across ethnic groups. Children socialised in cultures that promote independence tend to be less fearful than children raised in cultures that promote interdependency and superstition. Individual differences in communication and language; acculturation; and the compatibility between past and present cultural traditions, values, and beliefs are all likely to influence the psychological adjustment of migrant children.

Familial factors are also an important influence on the manifestation of anxiety in migrant children. Family support is an important protective factor for migrant children. On the contrary, conflict in terms of differences in acculturation,

traditional and modern values and beliefs, parental–child interaction and parental stress are all likely to increase the risk of anxiety in migrant children. Furthermore, many immigrant and ethnic children are exposed to multiple risks because risks tend to be intercorrelated (e.g., role conflicts, family discord, acculturation stress, language and communication difficulties). The more risk factors to which children are subjected, the greater probability that they will develop psychopathology. Research aimed at increasing our understanding of the family dynamics and risk factors across ethnic-migrant groups in Australia would be of great benefit to mental health professionals.

From this perspective, a diverse number of cultural factors influence a migrant child's vulnerability to anxiety and anxiety disorders. Each culture encompasses a variety of unique characteristics and traditions often incompatible with westernised practices. Counsellors and mental health professionals need to be sensitive to, and aware of, the multiple risk factors to which these children are exposed.

Yet significantly more research is needed, foremost in the development of culturally sensitive assessment and intervention protocols, tailored to meet the needs of the individual, migrant, or ethnic groups. Researchers and clinicians need to be mindful of the growing area of cultural diversity in mental health. Cultural issues need to be taken into consideration in all phases of research and clinical work with ethnic populations. Merrel (1999) provided a number of recommendations or guidelines regarding best practice guidelines for the culturally competent behavioural, social, and emotional assessment of children and youth. Interested readers are encouraged to consult this source.

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