CHILD DEVELOPMENT PERSPECTIVES

Asset and Protective Factors for Asian American Children's Mental Health Adjustment

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ABSTRACT—***Asian Americans (AAs) are the second largest foreign-born population in the United States. Contrary to the "model minority" stereotype that this group is unitarily well adjusted and high achieving, recent research has revealed substantial differences in mental health adjustment among AA children. Although research to identify the risk processes for mental health problems among AA children is underway, it has paid little attention to related asset and protective processes. This article selectively reviews the theory and empirical evidence on a set of child-, family-, and neighborhood-level characteristics for their potential asset or protective roles in AA children's mental health adjustment. These characteristics include (a) child factors (maintenance of heritage culture, bilingualism, coping, and emotion regulation), (b) family factors (authoritative parenting and parental support), and (c) a neighborhood factor (ethnic community). Overall, systematic efforts to identify asset and protective factors for AA children's mental health and understand the underlying developmental mechanisms are nascent. Directions for future research in this area are also discussed.***

KEYWORDS—*protective factors; Asian American; mental health*

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The 2010 U.S. Census defined the Asian population in America as individuals with origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent (such as Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam; Humes, Jones, & Ramirez, 2011). AAs are the second largest foreign-born population in the United States (Acosta & de la Cruz, 2011). However, despite the quickly growing population, little research has examined AA children's mental health (U.S. Department of Health & Human Service, 2001). Some recent research on AA children and adults has suggested that contrary to the "model minority" image of AAs as a unitarily well-adjusted and high-achieving group, substantial diversity exists within the population in terms of socioeconomic status (SES), acculturation experience, and mental health (Sue, Sue, Sue, & Takeuchi, 1995; Takeuchi et al., 2007). Compounded by AAs' underuse of mental health services (Abe-Kim et al., 2007; Yu, Adams, Burns, Brindis, & Irwin, 2008), there exists a pressing need for research that identifies risk and protective factors in AA children's mental health, as well as their underlying developmental sequences and mechanisms.

In the past decade, researchers have begun to focus on within-group heterogeneity among AA children, identifying a number of risk and vulnerability factors that put some AA children at risk for psychopathology. For example, parent–child acculturation gaps (e.g., Costigan & Dokis, 2006; Kim, Chen, Li, Huang, & Moon, 2009), language brokering (Wu & Kim, 2009), and experience of racial discrimination (e.g., Benner & Kim, 2009; Deng, Kim, Vaughan, & Li, 2010) have all been linked to unfavorable adjustment outcomes. However, there is insufficient research on the asset or protective factors and processes that shape AA children's mental health (for an exception, see Liu et al., 2011).

Asset factors are individual or contextual characteristics that are associated with or predictive of positive adjustment outcomes (the "main effects"; Masten, 2001). Protective or buffering factors are intrapersonal, interpersonal, or contextual characteristics

that interact with a known risk factor by reducing the relation between risk and maladjustment (the "interaction effects"; Masten, 2001; Rutter, 1990). It is important to note that neither the term *asset* nor *protective* implies a causal relation between the factor of interest and children's outcomes, given that most studies in this area were based on correlational data. Nonetheless, the findings generated from correlational studies are invaluable because interventions for children's mental health problems achieve their desired effects by promoting asset and protective resources as well as eliminating or weakening risk and vulnerability factors (Sandler, 2001).

Our goal was to selectively review the empirical studies on the asset and protective roles of child, family, and neighborhood factors associated with AA children's mental health outcomes. We begin by outlining a conceptual model and then review individual asset and protective factors. Specifically, we selected empirical studies that (a) included a sizable sample of AA children, (b) examined mental-health-related outcomes (such as internalizing problems and socioemotional competence), (c) studied at least one contextual (such as family or neighborhood) or child factor, and (d) found either a promotive/main effect (the asset factor has a positive relation to psychological well-being or a negative relation to maladjustment) or a protective/interaction effect (the protective attribute or condition reduces the relation between a risk factor and maladjustment). We conclude with a few recommendations for future research.

CONCEPTUAL MODEL

Various proposed theoretical perspectives have attempted to characterize how contextual, interpersonal, and intrapersonal factors shape the psychological adjustment of children in ethnic minority and/or immigrant families (e.g., Fuller & García Coll, 2010; García Coll et al., 1996). For example, on the basis of social stratification theory and research on African American and Puerto Rican youth, García Coll et al.'s (1996) conceptual model emphasizes the effects of racism, prejudice, discrimination, oppression, and segregation on the development of minority children and families. Specifically, they theorized that the effects of social position factors on children of color operate through the creation of segregation, which in turn influences children's proximal environments (such as school, neighborhood, and family). Although this model included some contextual or individual factors that might benefit or protect children of color such as cultural traditions and family values, it primarily focuses on challenges and unfavorable conditions faced by children of color. A decade after the publication of García Coll et al. (1996), contrary to the traditional view of ethnic minority children as "culturally deprived," new research has revealed many strengths among Latino children and families. For example, parenting goals and practices identified in less acculturated and more traditional Latino families act to reinforce social cohesion and support for children (Fuller & García Coll, 2010). Thus, there is a pressing need for developmental models that encompass both risk and protective processes for minority children's development.

In developing a conceptual model of asset and protective factors for AA children's mental health (Figure 1), we draw heavily on ecological theory (e.g., Bronfenbrenner, 1979; Bronfenbrenner & Morris, 1998). This theory posits that individuals are embedded within layers of environmental systems and that development unfolds through the dynamic interactions between the individual and multiple contexts. According to ecological theory, the influence of culture, ethnicity, or immigration-related factors on children may be partly mediated by proximal contexts (such as family, school, or neighborhood), although direct relations between cultural factors and child adjustment are also expected (Chen & French, 2008). Contextual influences on children's mental health adjustment may be partly mediated by children's intrapersonal or interpersonal processes (such as coping, emotion regulation, and bilingualism). Moreover, cultural factors, proximal contexts, and child factors may interact with each other in relation to child adjustment. As the model demonstrates, the same contextual (such as authoritative parenting) or child factor (such as emotion regulation) may serve as both an asset factor (showing a positive main effect) and a protective factor (by moderating the effect of a contextual or child risk factor). From an intervention perspective, it is important to consider both asset and protective factors that are common to children across ethnic groups (such as authoritative parenting, coping, and emotion regulation) and factors that are unique to AA children (such as maintenance of heritage culture). Knowledge of whether common asset or protective factors are generalizable to AA children can inform the adaptation of intervention strategies that have shown efficacy with children of other ethnic groups (Castro, Barrera, & Steiker, 2010). On the other hand, knowledge of culturally specific asset or protective factors can guide the development of new interventions to address the unique needs of AA children (Castro et al., 2010). Below, we begin with a review of specific child, family, and neighborhood factors.

CHILD FACTORS

Maintenance of Heritage Culture

For AA children in immigrant families, children's maintenance of the heritage culture may be an asset that positively affects adjustment, in part by reducing the mismatch between parent and child acculturation levels. Immigrant parents and children who adapt to the host or heritage cultures at different rates may develop intergenerational differences in acculturation (Kwak, 2003). Parent–child acculturation differences can be observed in multiple domains, including language use, values, and participation in cultural activities (Chen & Tse, 2010; Costigan & Dokis, 2006). A number of studies suggest that parent–child disparities in heritage cultural orientation are associated with various negative outcomes, including less supportive parenting,

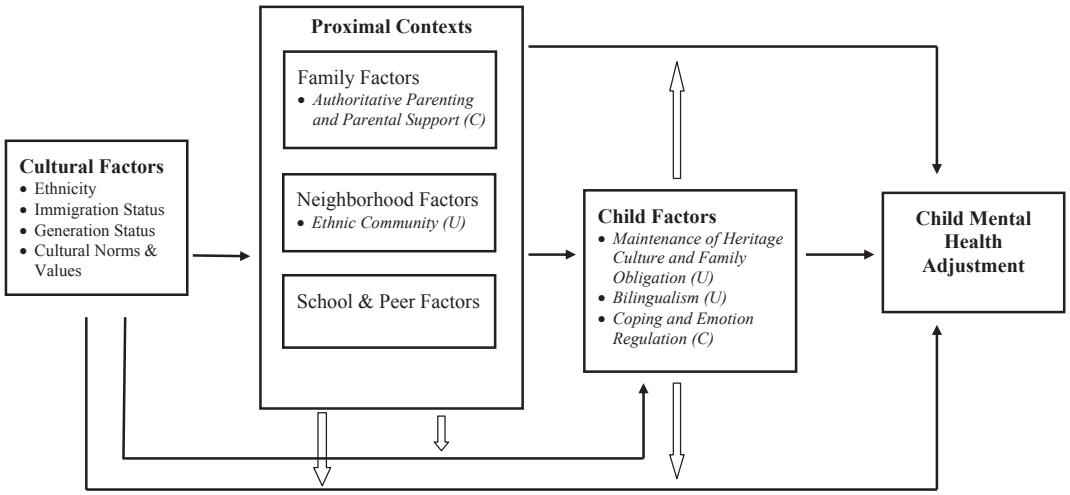

Figure 1. **A conceptual model on asset and protective factors for Asian American children's mental health adjustment.**
Note. **Asset and protective factors reviewed in this article are italicized. As delineated in the model, cultural and proximal contextual factors (e.g., family, neighborhood, school, and peers) might have direct and indirect (mediated by child factors) relations with children's mental health adjustment. Moreover, cultural factors, proximal contexts, and child factors might interact with each other in relation to children's mental health adjustment. C = culturally common asset or protective factors; U = culturally unique asset or protective factors.**

higher family conflict, and higher depressive symptoms among school-age children and adolescents in immigrant families (Costigan & Dokis, 2006; Weaver & Kim, 2008). In contrast, among Chinese immigrant families, matches in parents' and children's heritage cultural orientation have been associated with better child outcomes, including lower depressive symptoms, higher academic achievement (Liu, Benner, Lau, & Kim, 2009) and more positive perceptions of the family (Tannenbaum & Howie, 2002). Parenting practices and family conflict may play a mediating role: Chinese American adolescents from immigrant families with larger acculturation gaps experienced greater unsupportive parenting, which in turn might lead to poorer adjustment outcomes (Juang, Syed, & Takagi, 2007; Kim et al., 2009).

In addition to reducing intergenerational gaps in cultural orientation, maintenance of the heritage culture may transmit cultural values that serve as assets to immigrant children's development. Previous research with AA families has examined values of family obligation, the set of behaviors and attitudes involving the support, assistance, and respect that children provide to their family (Fuligni, Tseng, & Lam, 1999). Youth from Asian and Latin American families consistently reported a stronger sense of family obligation than did youth from European American families (Fuligni et al., 1999). Moreover, a longitudinal study of Chinese American adolescents showed that both initially higher and subsequently increasing family obligation attitudes and behaviors were associated with fewer depressive symptoms, indicating that family obligation acts as an asset factor for Chinese American adolescents' mental health (Juang & Cookston, 2009; Juang & Nguyen, 2009). Several potential mechanisms are hypothesized to mediate the positive relation between family obligation and youth's psychological well being, including higher family cohesion (Fuligni, 1998), stronger youth ethnic identity (Kiang & Fuligni, 2009), and differences in neural processes related to self-control (Telzer, Masten, Berkman, Lieberman, & Fuligni, 2011).

Bilingualism

Brice (2002) defined bilingualism as the ability to speak and listen in more than one language with varying degrees of proficiency. Seventy-nine percent of AAs ages 5 and older speak a language other than English at home, and within this group, 39.4% also report speaking English "very well" (U.S. Census Bureau, 2002). This suggests that a sizable portion of AA children is likely bilingual. AA children who are fluent in both their heritage language and English might benefit from what has been conceptualized as the "bilingual advantage" in executive function. As theorized by Bialystok (2001), Bialystok, Craik, Green, and Gollan (2009), and Carlson and Meltzoff (2008), the linguistic experience of bilingual children contributes to enhanced executive control, particularly in the context of conflicting attentional stimuli. Chinese–English bilinguals have shown advantages over monolingual children in conceptual inhibition (Bialystok & Martin, 2004), interference suppression (Rhee & Bialystok, 2008), and complex rule representation (Bialystok, 1999). Although past studies showed that there is also a cultural advantage in executive function (native children of East Asian cultures had higher behavioral control and inhibition than European American children; Oh & Lewis, 2008; Sabbagh, Xu, Carlson, Moses, & Lee, 2006), Yang, Yang, and Lust (2011) showed that bilingual advantage had stronger effects than culture on executive control among preschoolers. Specifically, the Korean–English bilingual group was faster and more accurate than three monolingual peer groups (Korean and English monolinguals in

the United States and Korean monolinguals in Korea) on measures of executive attention (Yang et al., 2011).

There are considerable conceptual and empirical links between executive function and emotion regulation, which refers to "processes used to manage and change if, when, and how one experiences emotions and emotion-related motivational and physiological states, as well as how emotions are expressed behaviorally" (Eisenberg, Hofer, & Vaughan, 2007, p. 288; see also Blair & Razza, 2007; Zhou, Chen, & Main, 2012). Thus, it is intriguing to consider whether the bilingual advantage may extend beyond primarily cognitive domains of executive function to influence emotional and social domains of self-regulation. Although few researchers have studied bilingual children's socioemotional and behavioral development, Han and Huang (2010) reported that bilingual AA children showed slower growth of internalizing and externalizing behaviors during elementary school than White children who spoke only English and AA children who spoke only a language other than English. However, more studies investigating the link between bilingualism and children's socioemotional outcomes are needed to examine whether the bilingual advantage can also extend to domains of socioemotional development. Because young children's bilingual status and language proficiency undergo rapid changes (Tabors, 1997), longitudinal studies are important for examining how changes in bilingual status and proficiency are linked to long-term socioemotional and mental health outcomes. In addition, it would be interesting to investigate the potential mechanisms that might be involved in bilingualism–adjustment relations. For example, it is possible that bilingual children are at lower risk for behavioral problems than monolingual children because of their greater cognitive flexibility and executive control. It is also possible that the relations between bilingualism and adjustment are mediated by children's social contexts, such as parent–child or peer relationships.

Coping and Emotion Regulation

Lazarus and Folkman (1984) defined coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). Children and adolescents' coping strategies typically fall into several categories, including (a) problem focused or active coping; (b) emotion focused, passive, or avoidant coping; (c) seeking social support coping; and (d) distraction coping (see Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). In research predominantly with European American children, active or problem-focused coping has been consistently related to better psychological adjustment (see Compas et al., 2001), whereas there is some evidence that coping by seeking social support is linked to positive adjustment (e.g., Vigna, Hernandez, Paasch, Gordon, & Kelley, 2009). Cross-cultural research has revealed some cultural differences in individuals' preferences for coping strategies. For example, consistent with the collective cultural emphasis of group harmony and external (vs. internal) locus of control, adults and children from East Asian cultures were found to be less likely to use active coping (see Chun, Moos, & Cronkite, 2006 for a review). Moreover, Asian and AA adults were more reluctant than European Americans to explicitly seek social support from close others (Kim, Sherman, Ko, & Taylor, 2006), likely because of concerns about the potential negative relational consequences of support seeking, such as losing face or burdening others. Given these cultural differences in preferences for coping strategies, it is important to examine whether the benefits of active coping and support seeking found in European American samples is generalizable to AA children. In one of the few studies on within-group differences in coping strategies among AA children, Vaughn and Roesch (2003) found that active coping and religious coping were positively associated with AA adolescents' psychological health. Moreover, DeBaryshe, Yuen, and Stern (2001) found that active coping and support seeking were negatively associated with AA adolescents' problem behaviors and delinquent activities. Thus, despite the cultural differences in preferences for active and support seeking shown in cross-cultural or ethnic comparative studies, there is at least some evidence that these two coping responses act as asset factors among AA children.

Coping is closely tied to the construct of emotion regulation. Although several studies have supported the positive relation between emotion regulation and better adjustment in native Chinese children (e.g., Xu, Farver, & Zhang, 2009; Zhou et al., 2008; Zhou, Main, & Wang, 2010), few studies have focused specifically on emotion regulation in AA children. One exception was Park, Kim, Cheung, and Kim (2010), who focused on anger regulation—a specific component of emotion regulation—in Korean American adolescents. They found that higher anger suppression was associated with higher internalizing problems, whereas lower anger control and higher outward anger expression (exhibiting anger outwardly through verbal or physical aggression) were associated with greater externalizing problems (Park et al., 2010). They also found associations between adolescents' cultural values and anger regulation: Independent and interdependent self-construals were both positively related to anger control, and independent self-construal was positively related to outward anger expression (Park et al., 2010).

In summary, the limited research on coping and emotion regulation in AA children has revealed considerable within-group heterogeneity in development of these skills. On the basis of these studies, there is at least some evidence for the mental health benefits of active coping, seeking support coping, and emotion regulation in AA children. Future research should investigate how contextual (including culture, neighborhood, and family) and dispositional characteristics jointly and interactively influence AA children's coping and emotion regulation, especially among those who are at risk for maladjustment, including children in immigrant or low-SES families.

FAMILY FACTORS: AUTHORITATIVE PARENTING AND PARENTAL SUPPORT

Baumrind's (1971) authoritative parenting typology, which encompasses warmth, democratic reasoning, firm control, and responsiveness, has been consistently linked to children's positive adjustment across behavioral, social, and cognitive domains (Baumrind, 1991; Lamborn, Mounts, Steinberg, & Dornbusch, 1991; Steinberg, 2001). However, there has been an ongoing debate over whether authoritative parenting and its benefits are generalizable to children from Asian or AA families. One line of research argues that Baumrind's parenting style typologies are culture dependent; thus, authoritative parenting may not represent the optimal parenting style for families of Asian origin. This argument partly derives from the finding that AA parents were less authoritative than European American parents (Dornbusch, Ritter, Leiderman, & Roberts, 1987). Moreover, Chao (2001) found that authoritative parenting was unrelated to first-generation Chinese American adolescents' academic achievement but positively related to European American adolescents' academic achievement. By contrast, training—a parenting style rooted in Confucian tradition—is an indigenous practice endorsed by native and immigrant Chinese parents (Chao, 1994, 1996). Training emphasizes strict parental control and guidance of children's behaviors through parental devotion, involvement, and monitoring (Chao, 2000). Research indicates that parental endorsement of training buffers against the negative effects of punitive parenting on Chinese American youth's internalizing and externalizing problems (Fung & Lau, 2009).

A second line of research suggests that although Chinese parents are, on average, less authoritative than European American parents, authoritative parenting or its elements (such as warmth and support) are nonetheless associated with better adjustment (including fewer behavioral problems, higher emotion regulation and social competence, and higher academic achievement) among Chinese or Chinese American children. Although most studies in this area were conducted with native Chinese children (e.g., Chen, Dong, & Zhou, 1997; Zhou et al., 2004; Zhou et al., 2008), a few studies involving Chinese or AA children found similar results. For example, Chinese immigrant mothers' use of authoritative parenting was related to higher behavioral and attentional regulation in Chinese American preschoolers (Cheah, Leung, Tahseen, & Schultz, 2009). Moreover, although Hmong American adolescents perceived less parental support and lower authoritative decision making from their mothers than European American adolescents, maternal support and authoritative decision making were associated with less risky health behaviors by adolescents in both groups (Supple & Small, 2006).

We think these two lines of research are not contradictory, and they can and should be integrated. The existence of indigenous parenting dimensions (such as training) does not necessarily refute the generalizability of authoritative parenting to Asian and AA families. To fully capture the core features and diversity of parenting in Asian or AA families, researchers need to consider both common and indigenous parenting dimensions. Moreover, although culture is unlikely to change the direction of the relation between authoritative parenting and child adjustment (e.g., from positive to negative), culture might modify the strength of the associations. Indeed, maternal authoritative decision making was a stronger predictor of risky behaviors for European American adolescents than for Hmong American adolescents (Supple & Small, 2006). When examining the relation of parenting to child adjustment, it is important to consider multiple domains (including mental health, social competence, and academic achievement) as the relations might vary by domain. Moreover, much study is needed on indigenous parenting dimensions. In addition to training, acceptance (especially in the form of instrumental support) and sacrifice may also be unique dimensions of parental support among AA families (Chao & Kaeochinda, 2010). It would be interesting to further examine whether these aspects of parenting are associated with positive adjustment among AA children.

NEIGHBORHOOD FACTORS: ETHNIC COMMUNITIES

The influence of neighborhoods and communities on AA children's adjustment has received little attention in the existing literature. Although the poverty rate in AAs (12.6%) is comparable to that of the total population (12.4%; U.S. Census Bureau, 2004), young children of Southeast Asian immigrants are particularly likely to live in low-income families (The Urban Institute, 2010). Because family SES and neighborhood SES often covary (Huston & Bentley, 2010), these statistics suggest that a significant number of AA children are living in impoverished neighborhoods.

Sociological research on AA immigrants suggests that living in ethnic communities confers unique benefits on AA children in immigrant families. On the basis of qualitative studies of Chinese American and Korean American immigrants, Zhou and Kim (2006) suggested that living in communities with a high concentration of people of the same ethnicity might nurture AA individuals' ethnic identity and decrease their pressure to assimilate. Moreover, the ethnic, cultural, and religious resources (such as ethnic language schools, after-school programs, churches, and ethnic community centers) in ethnic communities provide valuable academic and social support for AA children of immigrants (Zhou & Kim, 2006). This hypothesis received mixed support in quantitative studies of immigrant samples. For example, Kroneberg (2008) argued that immigrant families' residence within ethnic communities was associated with offspring's higher academic achievement only in communities characterized by high levels of self-employment, education, and educational aspiration.

A few studies have examined the relation of neighborhood to AA children's psychological adjustment. Juang and Alvarez (2011) and Juang and Nguyen (2010) found that neighborhood cultural resources negatively predicted Chinese American

adolescents' perceived racial discrimination and positively predicted their ethnic identity, whereas neighborhood ethnic density positively predicted perceived discrimination and ethnic pride. The findings from this limited research suggest that living in ethnic communities has mixed effects on AA children's adjustment. There is a particular need for studies that simultaneously consider multiple aspects of neighborhood (including SES profiles, ethnic density, and availability of resources) and their unique associations to AA children's adjustment. There is also a need for research examining the mediation mechanisms underlying the relation between neighborhood and AA children's adjustment.

FUTURE DIRECTIONS

In sum, there is a small but emerging empirical literature on asset and protective factors for AA children's mental health adjustment. Our literature review identifies a few key directions for future research. First, researchers should pay greater attention to family factors beyond the parent–child system (to include, for example, grandparents' involvement or sibling relationships) and ecological contexts outside the family (such as neighborhood, school, and peer network). Second, there is a strong need for research on AA children's mental health adjustment in early to middle childhood because it can inform the development of early interventions. Moreover, longitudinal studies of AA children spanning different developmental periods are important for examining how the roles of certain asset and protective factors (including bilingualism, parental support, and neighborhood) might change with development. Third, more research is needed to identify culturally salient asset and protective factors that are unique for AA children. Fourth, researchers must move beyond simply identifying protective and asset factors to investigating the mediation and moderation processes underlying their operation. Fifth, instead of examining asset or protective factors individually, it may be more informative to investigate how multiple factors (across domains or contexts) jointly or interactively shape children's developmental outcomes, as well as how risk/vulnerability and asset/protective factors coexist and cooperate. Sixth, despite the substantial ethnic, language, and cultural diversity among AAs (Sue et al., 1995), the majority of existing research with AA children (including the research we reviewed here) has been conducted with Chinese Americans. Future research needs to sample other Asian ethnic groups, as well as those diverse in language, SES, and acculturation. It will be important to test the generalizability of findings and further investigate the degree to which diversity among the AA population may be related to children's mental health adjustment.

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