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Cultural stress and adaptation: The experience of Venezuelan crisis immigrants in the United States

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**Cultural stress and adaptation: The experience of Venezuelan crisis
immigrants in the United States**

by

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Dedication

*Para Mamá, Papá, Pascui, Ale, y El Abuelo
Sin ustedes nada de esto hubiera sido posible*

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Abstract

Cultural stress and adaptation: The experience of Venezuelan crisis immigrants in the United States

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As of August 2022, the United Nations (UN) Refugee Agency confirmed that there are 6.8 million displaced Venezuelans worldwide. This makes Venezuelans the largest group of refugees and crisis migrants worldwide, tying with Ukraine and surpassing Syria for the first time (Alvarez, 2022). Even though the number of Venezuelans in the U.S. continues to grow, their migration and acculturation experiences are not well understood. Once they arrive in the U.S., Venezuelan migrants continue to face challenges and stress, such as adapting to a new culture, language, system, and overall environment, which exacerbates the stress and trauma that this group of migrants brings with them.

The present study examined the experiences of Venezuelan crisis immigrant parents. Using an explanatory sequential mixed-method design, the present study was guided by two objectives. The first objective was to quantitatively examine the relationships among cultural stress, cultural adaptation, psychological symptoms (anxiety and depression), and how this relationship is impacted by co-ethnic density and Latino/a density. The second objective was to qualitatively examine how access to cultural elements (such as food, cultural traditions, and

customs, support from other Venezuelans, etc.) in their environment may contextualize the relationship between cultural stress and psychological symptoms.

Quantitative results indicated that Latino/a density had a marginal moderating effect on the relationship between psychological adaptation and depressive symptoms. Specifically, for participants in neighborhoods with a greater percentage of Latino/a residents, psychological adaptation was less strongly and negatively related to depressive symptoms. Regarding the qualitative results, four themes emerged. One of the most important findings highlighted that the most influential aspect of adaptation is being able to cover basic needs.

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Chapter One: Introduction

Worldwide rates of international migration are at their highest levels in recent history. More than 280 million people currently reside in countries other than where they were born (United Nations, 2021). Venezuela has emerged as a new and critically important source of immigrants to the United States (Padgett, 2021; Schwartz et al., 2018). Indeed, Venezuela is the top country for U.S. asylum applications (U.S. Citizenship and Immigration Services [USCIS], 2021). As of 2019, there were approximately 540,000 Venezuelans in the U.S. (Chavez, 2021), making them the third largest group of South American immigrants in the United States (Lorenzi & Batalova, 2022). Due to Venezuela's rapid economic and political deterioration, as well as the large numbers of Venezuelans fleeing the country, Vos and colleagues (2021) have argued that Venezuelan immigrants should be included under the category of "crisis migrants." *Crisis migrants* are people who have left their home country in massive waves of migration because of natural hazards and/or humanitarian crises, such as wars or despotic governments (McAdam, 2014). Due to the stressful experiences that crisis migrants face before and after migration, compared to non-crisis migrants, crisis migrants are at increased risk for developing mental health conditions such as anxiety and depression (Siriwardhana et al., 2014).

As of August 2022, the United Nations (UN) Refugee Agency confirmed that there are 6.8 million displaced Venezuelans around the world. This makes Venezuelans the largest group of refugees and crisis migrants worldwide, tying with Ukraine, and surpassing Syria for the first time (Alvarez, 2022). Moreover, the United Nations reported that in 2021, more than 50% of Venezuelan refugees and migrants were only able to eat one meal a day; 25% of Venezuelan children who migrated were separated from their families during the migration process, and 80%

of those who have migrated have lost their main source of income since the beginning of COVID-19.

Previously identified reasons for Venezuelans fleeing the country include government repression, street violence, and economic collapse (Gallegos, 2016). As is well documented, migration waves are often caused by socio-political factors that force community members to leave their country of origin, especially when the situation becomes unbearable to live in. Such has been the case for many Venezuelans, given the scarcity of basic staples (e.g., food, drinking water) and the escalating numbers of extrajudicial killings undertaken by Nicolas Maduro's regime. Additionally, Venezuelans tend to migrate as a family unit – the majority of children who leave the country do so with one or both parents (Cadenas, 2018). Given how complicated the acculturation process can be, it is considered that immigrant families are more likely to be exposed to family instability and acculturative stress resulting from perceived discrimination, prejudice, or intergenerational conflicts (Berry et al., 2006; Motti-Stefanidi et al., 2012).

Additionally, past research has noted that migrating with children can create additional stressors for both parents and children as parents worry about the safety and wellbeing of their children (Vos et al., 2021). Moreover, crisis migrant parents who suffer from untreated, stress-related mental illness may put their children at higher risk for developing negative behavioral and mental health outcomes (Vos et al., 2022).

Even though the number of Venezuelans in the U.S. continues to grow, their migration and acculturation experiences are not well understood in the United States. Once they arrive to the U.S., Venezuelan migrants continue to face challenges and stress, such as adapting to a new culture, language, system, and overall environment, which exacerbates the stress and trauma that this group of migrants brings with them (Demes & Geeraert, 2014). *Cultural stress* is the term

that has been used to define chronic stress due to migration related experiences. Cultural stress has been associated with experiences of discrimination, pressure to learn new cultural norms while also maintaining one's culture of origin, feelings of unwelcomeness due to one's cultural background, and worries around immigration status (Lorenzo-Blanco et al., 2017). To lessen the effects of cultural stress and other negative experiences that arise when migrating to a new country, migrants develop *cultural adaptation* strategies, which represents coping methods to help navigate the practicalities of living in a new culture (Vos et al., 2021). Some examples of cultural adaptation include understanding the destination country's social norms such as when and what types of foods are eaten, how friends interact, and cultural holidays and traditions.

Past research has noted how the geographical place where immigrants settle after migration also influences the adaptation process and psychological outcomes (Vega et al., 2011). However, this research is lacking for Venezuelan migrants. There is currently no research on how cultural stress and mental health may depend on the density of people from one's ethnic and cultural group. The availability of people, foods, and resources from one's culture of origin is most likely influenced by the demographic density levels of a specific area. Most Venezuelan migrants have settled in the state of Florida, and most of the research conducted on this group has focused on Venezuelans residing in this state. The present study was designed to explore the association between cultural stress and mental health among Venezuelan immigrants across different levels of Latino/a and Venezuelan population density. Studying this relationship is particularly important given that the socio-cultural environment can be vastly different depending on the extent of co-ethnic and Latino/a density. *Co-ethnic density* refers to the percentage or proportions of individuals of the *same* nationality within a defined geographic area

(White & Borrell, 2011) and *Latino/a density* refers to the percentage of Latino/a origin individuals within a defined geographic area (American Community Survey (ACS), 2019).

Given the limited number of studies that have been conducted on Venezuelan crisis migrants in the U.S more research is needed to understand how the immigration and acculturation process is affecting the mental health of this growing group of migrants. The present study aims to shed light into some of the experiences of Venezuelan crisis migrants in hope to inform mental health treatments and community-based interventions in the future. Understanding the migration experience and mental health outcomes of this group is important not only on an individual level but also in the broader global context of mental health. Learning how mental health symptoms are presenting in this rising group would allow mental health professionals to expand their understanding on Venezuelan crisis migrants as well as to tailor mental health interventions for them. Moreover, mental illness has an immense global toll on both social and economic levels. It was estimated that the yearly cost of untreated mental illness was \$2.5 trillion in 2010 globally, and \$467 billion in the U.S, the projected global cost by 2030 is \$6 trillion (Bloom et al., 2011). Expanding the current understanding not only could benefit this group that has often been overlooked, but could also prevent unforeseen costs related to mental health and crisis migration.

The present study examined the experiences of Venezuelan crisis immigrant parents. Using an explanatory sequential mixed-method design, the present study was guided by two objectives. The first objective was to quantitatively examine the relationships among cultural stress, psychological symptoms (anxiety and depression), and how this relationship is impacted by co-ethnic density and Latino/a density. The second objective was to qualitatively examine how access to cultural elements (such as

food, cultural traditions, and customs, support from other Venezuelans, etc.) in their environment may contextualize the relationship between cultural stress and psychological symptoms.

Chapter Two: Literature Review

Historical Background

Due to its vast oil reserves, Venezuela was once one of the wealthiest countries in Latin America (Gallegos, 2016). Thus, historically, Venezuelans did not emigrate to other countries. In fact, Venezuela *received* many immigrants from Italy, Spain, Germany, and other South American countries such as Colombia and the Dominican Republic. After the election of Hugo Chavez (1999), Venezuela went through three waves of immigration. Each wave had a different social makeup and set of destinations. Moreover, each wave was precipitated by conditions compounding those of the previous waves (Paez & Vivas, 2017). The migration waves continue to this day.

The first wave (2000-2012) was mostly upper-class individuals in response to the “Bolivarian Revolution.” Chavez populist rhetoric and socialist policies gave the upper middle class pause, which fueled the first wave. The second wave (2012-2015) widespread in many different social classes in response to the economy's collapse, food, medicine, shortages and the country's rapid deterioration. The *mass* exodus of Venezuelans to the U.S. and elsewhere began after the death of Hugo Chávez in May 2013, and following the subsequent appointment of dictator Nicolás Maduro as Chávez’s successor. Hundreds of thousands of Venezuelans started leaving to nearby countries like Colombia, Peru, and Panama. The third wave began in 2015 and continues to the present day. Now millions of Venezuelans from all socio-economic backgrounds are fleeing the country due to the worsening living and socio-political conditions.

Hugo Chávez became president of Venezuela in 1999. Following his election, Chávez rapidly gained popularity among the most marginalized groups in the country. He shed light on

the social disparities that the country had been experiencing before his time. For example, he focused on affordable housing and food stamp programs for poorer Venezuelans, which prior presidents had largely overlooked. “El pueblo” (poorer Venezuelans) felt heard and acknowledged, something that they had not experienced under previous presidents (Gottberg, 2013). However, he also nationalized the assets of many private companies, and as previously stated, leading some Venezuelans to start emigrating to South Florida and to other destinations in Latin America and around the world.

Chávez’s power marked the very early beginnings of emigration from Venezuela. His presidency started the Chavismo era, a two-decade turmoil of political polarization, lack of basic supplies, corruption, and crumbling conditions that the country is still experiencing (Gulbas, 2017). After Chávez died in 2013, Nicolas Maduro, Chávez's right-hand man, took power, thereby increasing the country’s crisis. Under Maduro’s regime, Venezuela’s economy collapsed (Gallegos, 2016), with inflation reaching over one million percent in 2018. Shortages of food, medicine, and basic supplies became the norm. The country’s economic and social conditions became so dire that a humanitarian crisis was declared in 2015 (Amnesty International, 2020). This crisis triggered an even larger wave of emigration to the U.S. and other Latin American countries. Given the corrupt government system, rapidly-increasing economic instability, and one of the highest homicide rates in the world, Venezuela places now among the world's most violent nations (United Nations Office on Drugs & Crime [UNODC]).

Despite these circumstances, many U.S.-based researchers and practitioners are unaware of the humanitarian crisis that has sparked this massive wave of Venezuelan immigrants. Even though Venezuelans are unique in many ways, the dictatorial regime that they are fleeing from is

not. Many other countries continue to face similar political regimes. A more in-depth understanding of Venezuelan immigrants' experiences not only enhances and contributes to the scarce of literature, but also facilitates progress in understanding other crisis migrants and ethnic minority groups that historically have not been represented in empirical research studies. Learning more about this group may inform future research, clinical interventions, and policy on crisis migrants fleeing similar conditions that Venezuela currently faces.

Table 1. *The Three Waves of Venezuela's Emigration (2000-Today)*

	2000-2012 Seeking New Opportunities	2012-2015 Growing Hopelessness	2015-Today Migration of Despair
Social Strata	- Middle-income professionals - Entrepreneurs - Students	A mixture of middle-income and low-income persons	All social spectrums but increasingly low-income persons
Reasons for Migration	- Insecurity - Political - Overall Social Degradation	- Economic crisis - Insecurity - Political repression - Beginning of shortages (food and medicines)	- Scarcity of food and medicines at critical levels - Hunger, future compromised from malnutrition, increasing deaths by scarcity - Insecurity - Political hopelessness
Destination	- U.S. - Spain - Italy - Portugal	- U.S. - Europe - Colombia - Panama	- Europe, U.S. & other countries gain popularity - Colombia

Venezuelans in the United States

The U.S. is one of the top destinations for Venezuelan migrants. Between 2016-2018, many Venezuelans arrived in the United States using tourist visas. However, in 2019 the Trump administration started restricting the number of visas offered to Venezuelans denying entry to Venezuelans seeking to travel to the United States. Moreover, direct flights from Venezuela to

the U.S. are no longer available. In March 2021, the Biden administration decided that Venezuelans were eligible for Temporary Protected Status (TPS). TPS is a temporary immigration status provided to individuals from certain countries experiencing problems that make it difficult or unsafe for them to return. This status allows them to work and to be protected from deportation for a set period of time (USCIS, 2021). As of August 2021, the current number of Venezuelans in the U.S. is unknown, but it is expected to be much higher due to large numbers of Venezuelans now crossing the Texas-Mexico border (Padgett, 2021).

The top three metropolitan areas across the U.S. where Venezuelans are settling are Miami-Fort Lauderdale-West Palm Beach, FL, Orlando-Kissimmee-Sanford, FL and Houston-The Woodlands-Sugar Land, TX (Migration Policy Institute, 2020). Not surprisingly given the number of Venezuelan immigrants living there, the majority of research on U.S. Venezuelans has been conducted in Florida (e.g., Salas-Wright et al., 2021; Schwartz et al., 2018; Vos et al., in press). However, this exclusive focus on Florida leaves an important gap in the literature in regards to how Venezuelans are adapting in different places in the United States. Moreover, most of the research conducted on Venezuelan immigrants in the U.S. thus far has been quantitative, thereby precluding first-person accounts of these individuals' adjustment.

Theoretical frameworks

Cultural stress theory

The present study used cultural stress theory as a guiding framework to understand Venezuelan immigrants experience in disparate geographical locations and contexts in the United States. *Cultural stress* is a multidimensional construct that can consist of a variety of culturally based stressors due to migration to a new country (e.g.,

Cervantes et al. 2012; Hynie, 2018; Salas-Wright & Schwartz, 2019). Cultural stress theory suggests “that immigrant groups in receiving contexts that are more culturally similar to them report less discrimination and a less negative context of reception, compared to immigrant groups settling in [areas] that are more culturally dissimilar” (Schwartz et al., 2018, p. 25). Some of the research conducted thus far with Venezuelan migrants has centered around cultural stress and its effects on mental health (Schwartz et al., 2018; Vos et al., in press). Cultural stress theory posits three components of cultural stress, namely, *acculturative stress*, *ethnic discrimination*, and *negative context of reception*. Acculturative stress refers to pressures to embrace and adopt the destination culture, as well as to maintain the culture of origin. Ethnic discrimination refers to negative attitudes, beliefs, and differential treatment toward members of minority ethnic groups. Negative context of reception refers to the feeling or perception of being unwelcomed and “shut out” by members of the destination country or region (Cano et al., 2015; Schwartz et al., 2018). Cano et al (2015) noted that regardless of how cultural stress predictors are operationalized, past research consistently shows that higher levels of cultural stress increase the probability of experiencing mental health symptoms like anxiety and depression.

Schwartz et al. (2018) compared cultural stressors and their relationship with psychological distress between recent Venezuelan immigrants in the United States and in Colombia. They found that Venezuelan immigrants in Colombia reported significantly greater perceived discrimination, a worse context of reception, and more depressive symptoms, compared to their counterparts in the United States. Possible explanations for these results offered by Schwartz et al. were that the U.S. has been a

major immigrant-receiving country since its founding. Colombia, on the other hand, is a relative newcomer to receiving large numbers of immigrants. Colombians may therefore be less experienced in dealing with an influx of people from other countries.

Although the results reported by Schwartz et al. do not fully support Cultural Stress Theory, I believe it strengthens the premise of the present study. Most of the empirical studies conducted on Venezuelan migrants in the U.S. have been in South and Central Florida, which have represented the primary U.S. destinations for Venezuelan migrants. It is essential to look beyond this well-known immigrant hub in order to understand how Venezuelan immigrants' experiences differ across disparate contexts. It is possible that Venezuelans in other areas outside of metro Miami and Orlando may experience similar receptions to those in Colombia, especially in newer immigration hubs outside of the Big Six states (California, Texas, Florida, New York, New Jersey, and Illinois), that have a history of attracting immigrants.

Cultural stress theory focuses on specific dynamics that can affect health outcomes among migrants. However, many neighborhood-level aspects of the ecological context, such as neighborhood cultural affordances and neighborhood co-ethnic density and Latino/a density, are often overlooked in immigration research, including the work with Venezuelan immigrants. Little work has attempted to understand *how* variables such as neighborhood ethnic/racial density, as well as neighborhood descriptive characteristics (access to cultural elements and events, foods from one's home country, etc.) in various U.S. locations affect cultural stress and mental health among immigrants.

The characteristics of the communities where immigrants settle will inevitably influence the cultural adaptation process. Cultural adaptation is defined by immigrants'

ability to navigate their destination culture's social and cultural norms, in a way enhances or preserves their mental health (Searle & Ward, 1990). As noted earlier, on one hand, Cultural stress theory notes that post-migration stressors are associated with negative mental health outcomes. On the other hand, cultural adaptation theories suggest that positive adaptation to the receiving context is associated with positive mental health outcomes (Demes & Geeraert, 2014). Taken together, cultural stress and cultural adaptation provide complementary perspective on the immigrant adjustment experience, such as considering both of these dimensions allows us to understand both positive and negative experiences and their associations with psychosocial outcomes.

Cultural adaptation consists of at least two components, namely *sociocultural adaptation and psychological adaptation* (Demes & Geeraert, 2014). Sociocultural adaptation refers to immigrants' ability to adapt to the more practical and behavioral aspects of the new culture that allow the person to navigate the new culture effectively on a day-to-day basis, such as mannerisms, relationships with acquaintances, and work-related culture. Psychological adaptation, on the other hand, refers to how comfortable and happy immigrants feel about their new receiving culture. Demes and Geeraert (2014) conducted a study on psychological and sociocultural adaptation across 28 countries. They found that both psychological and sociocultural adaptation were significantly negatively correlated with stress and anxiety, and positively correlated with satisfaction with life. Only a handful of studies have included cultural stress and cultural adaptation as predictors of immigrant outcomes within a single model. The present study includes both constructs to better understand the experience of Venezuelan immigrants in the United States.

Neighborhood Characteristics and Accessibility of Cultural Resources

Research on acculturation and adaptation has noted the importance and influence of the receiving context, but surprisingly there is a limited number of studies that have examined how the characteristics of the local community, and of the individuals residing in that community, impact the adaptation, acculturation, and mental health of immigrants (Birman et al., 2005; Miller et al., 2009). Variations in the community context and neighborhood characteristics have been shown to exert both main and interactive effects on acculturative patterns and individual adaptation. More specifically, scholars have noted that community and neighborhood characteristics are influenced by the ethnic density of the receiving community (Vinokurov, et al., 2020).

Prior research examining community influences on acculturation and cultural adaptation among elderly Russian speaking immigrants residing in two communities with different levels of ethnic density found that those residing in high ethnic density communities reported lower American social support and were less acculturated to American culture, compared to those living in communities with less ethnic density of Russian individuals. The same study also found that those who were living in higher (Russian) density communities reported more Russian social support, but were more likely to experience acculturative stress. The opposite was true for those living in low density ethnic communities (Vinokurov et al., 2020). Another study examining the relationships among neighborhood immigrant concentration, acculturation, and alienation among women from the Former Soviet Union in the U.S. (Miller et al., 2009) found that those who were residing in neighborhoods with greater Russian immigrant concentration experienced higher alienation from American culture. They also found

that those living in low immigrant concentration neighborhoods were more likely to feel aligned with American culture. Miller et al. posited that this effect was most likely due to those living in lower immigrant concentration neighborhoods having to form stronger ties with American culture in order to feel more situated within their cultural environment.

The socio-cultural characteristics of a neighborhood likely vary drastically across counties and states – and as a result, different areas may provide different degrees of cultural comfort to immigrants. Access to food, cultural traditions, and other immigrants from either one’s home country or other similar countries (e.g., countries that share a common language with one’s country of origin) can help facilitate adaptation to the new country and environment (Ainslie, 2017). The present mixed-method study was intended to examine, through qualitative methods, *how* neighborhood characteristics (access to food, cultural traditions, and customs, support from other Venezuelans, etc.) help explain the quantitative relationship between cultural stress and mental health symptoms.

Prior research with Latinos/as has suggested that the salience and effects of ethnically and culturally related variables vary across U.S. regions and settings (Umaña-Taylor & Shin, 2007). Moreover, neighborhood composition has been shown to be important for understanding immigrant experiences (Ainslie, 2017). With specific reference to Venezuelans, as mentioned above, the need to expand on the impact of neighborhood factors stems from the fact that most studies on Venezuelan migrants have been conducted in Florida. This is not surprising, given that Florida is the state with the most Venezuelan residents (Pew Research Center, 2019). The easy access to cultural

elements such as foods, cultural events, and radio stations, among other resources to which immigrants had access in Venezuela, makes Florida an attractive destination. However, the cost of living has pushed many Venezuelan migrants to look for other options outside the state such as Houston, Atlanta, and New Jersey. Thus, it is important to examine Venezuelans living in Florida, as well as other areas of the U.S., and to facilitate an understanding of the role that neighborhood characteristics may play in the acculturation process.

Moreover, communities serve as “psychic entities” that serve powerful psychological functions for the individuals living within them (Ainslie, 2017). Such functions include helping with adaptation to the new context, assisting with the grieving process that accompanies moving a new country, and providing a sense of community. Ainslie (2017, p. 699) explains that “when immigrants leave their homes for foreign lands, they are exposed to a profound psychic dislocation ... many of the cultural elements that have organized their lives are lost.” Immigrant neighborhoods play a central role in the immigrant experience, regardless of whether the community is directly linked to their home country. Such work has not, to my knowledge, been conducted specifically with Venezuelan migrants. Conducting such work is necessary to increase understanding of the Venezuelan immigrant experience in the United States, as well as to develop community-based interventions that promote the mental well-being of this immigrant group.

Neighborhood factors (co-ethnic density and Latino/a density)

As mentioned in the section above, neighborhood characteristics and the accessibility of cultural elements is influenced by the demographic composition of the

neighborhood. Past research has explored how the racial and ethnic composition of the neighborhoods where immigrants reside impact the acculturation experience and immigrant's mental health. This phenomenon researchers have labeled as ethnic density (Bécares et al., 2009). Past studies examining ethnic density effects among Latinos/as provide consistent evidence that increased ethnic minority density is often associated with improved health among ethnic minority residents (Bécares, 2014). However, thus far, most of the research conducted on the effects of ethnic density among Latinos/as has focused on Mexican Americans, thereby impeding generalization to other ethnic groups (Bécares, 2014). Expanding the literature on other immigrant groups that are forming new immigrant neighborhood hubs could offer the opportunity to tailor interventions to the particular community context. The present study aimed to examine how co-ethnic density and Latino/a density moderate the relationships between cultural stress and psychological symptoms.

Co-ethnic density refers to the percentage or proportions of individuals of the same nationality within a defined geographic area (White & Borrell, 2011). For example, in the case of Venezuelans, co-ethnic density would refer to the percentage of Venezuelans in a given area. Similarly, *Latino/a density* refers to the percentage of Latino/a origin individuals within a defined geographic area (American Community Survey (ACS), 2019). The ACS notes that “origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States.” Co-ethnic density has been linked with various physical and mental health outcomes. For example, Latinos living in high immigrant-concentrated neighborhoods may be less likely than other Latinos to be diagnosed with high blood pressure (Li et al., 2017). Another study of Puerto Rican and Mexican

Americans living in Chicago found an association between segregation and increased depression and anxiety among Mexican Americans but not Puerto Ricans (Lee, 2009). Hence, the importance of understanding ethnic density effects within groups. Additionally, a Canadian study (Jurcik et al., 2013) found that heritage acculturation was protective against depressive symptoms among immigrants residing in high-ethnic density neighborhoods, but served as a *risk factor* for depressive symptoms in other types of neighborhoods. Researchers (e.g., Portes & Zhou, 1993) have noted that first generation immigrants, in particular, benefit greatly from the social and financial capital, given the easy access to one another, and that many times immigrants tend to support one another, especially in areas of higher ethnic density. Only a small body of research has examined links between ethnic density and mental health among immigrant populations (Kraft, 2020), hence the importance of continuing to expand on the effects of ethnic density.

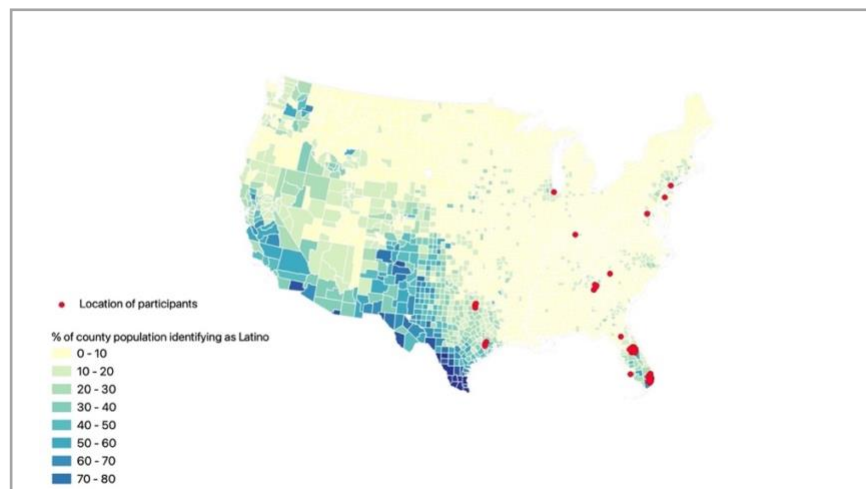


Figure 1. U.S. map of Latino/a density

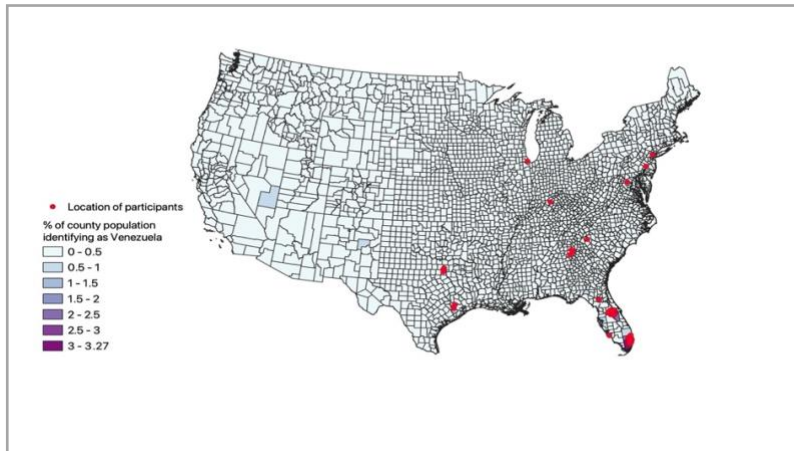


Figure 2. U.S map of Venezuelan density

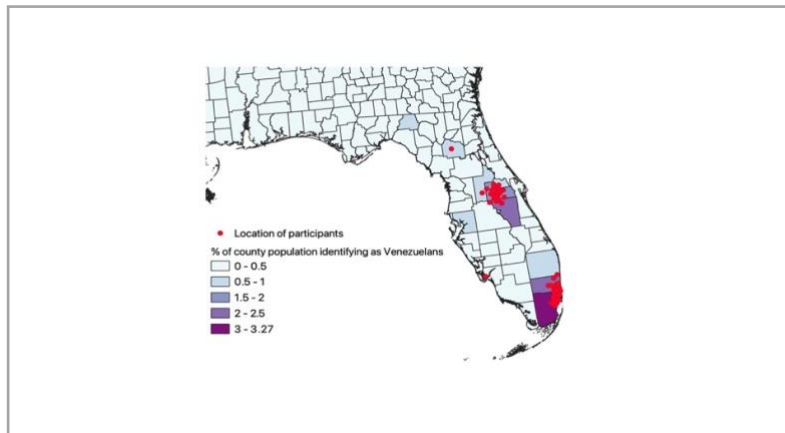


Figure 3. Florida map, Venezuelan density

Mental Health in Venezuelan migrants

Researchers have tried to understand more precisely the effects of post-migration factors on migrants' mental and physical health. For the specific case of Venezuelan crisis migrants, their mental health is affected by the intense difficulties they face before, during and after migration. Even though the present study only focused on *post-* migration symptoms of anxiety and depression, it is important to acknowledge pre-migration stressors given that they can contribute to the severity in which mental health

conditions present themselves *after* migration. Due to the increase risk of being exposed to traumatic experiences, chronic and long term stressors, crisis migrants have been found to be at higher risk of developing mental health conditions such as anxiety and depression (Siriwardhana et al.,2014). Additionally, others have noted that Venezuelans migrants experience psychological stress from the dire conditions the country faces and the political turmoil (Daniels, 2020). Future research should measure how pre-migration symptoms impact post-migration mental well-being.

Depression and anxiety are among the most common mental health diagnoses among immigrants (Pumariega et al., 2005). Additionally, mental health conditions have increased globally in the last few years due to the COVID-19 pandemic, increases in hate crimes against racial and ethnic minorities, and social unrest. In 2020, U.S. adults were four times more likely to screen positive for depressive and anxiety disorders than in 2019 (Twenge et al., 2021). It is important to note that the data for the present study was collected during this unprecedented time between May 2020 and July 2022.

The majority of immigration-focused research in psychology has been rooted in deficit models that center negative outcomes, however, Cobb and colleagues (2019), reported that many immigrant populations report positive patterns of psychological health. Additionally, other studies have reported that the majority of immigrants generally demonstrate more favorable mental health (Alegria et al., 2017), however, the unique experiences of crisis migrants makes them more vulnerable to mental illness. Given the limited amount of research on Venezuelans crisis migrants in the U.S., more research is needed to determine where this group of migrants falls on the spectrum of post migration mental health symptomatology.

Discrimination, family separation, migration related-grief, and the overall adaptation process, are among the stressors that have been identified that make Venezuelans crisis migrants more vulnerable not only to developing depression and anxiety but also to die by suicide (Angeles Graterol, 2022). There have been 244 cases of Venezuelans who have died by suicide in the last five years in Colombia, one of the primary receiving countries for Venezuelan (Angeles Graterol, 2022). This is important context to the present study, since similar trends could possibly be observed in the future as the number of Venezuelan crisis migrants continues to grow in the United States.

Despite the growing number of Venezuelan crisis migrants in the U.S., only a limited number of studies have examined mental health conditions post arrival among this group of migrants. Studies have found that pre-migration events experienced by crisis migrants fleeing Venezuela exert long-lasting implications on their lives in the United States. Vos and collaborators (2021) found that Venezuelans migrating to the U.S. report significantly higher levels of post-traumatic stress disorder (PTSD) symptomatology compared to Venezuelans migrating to other South American countries. Salas-Wright and colleagues (2020) found that, among Venezuelan immigrant adolescents in Florida, pre-migration hunger predicted post-migration depressive symptoms, even after controlling for post-migration hunger. Moreover, a study examining the relationship between mental health and context-relevant pre-migration and migration journey variables among Venezuelans who crossed the border between Ecuador and Peru found that 19% of their sample ($N=799$) met criteria for a provisional depression diagnosis and 23% of their sample met criteria for a provisional diagnosis of generalized anxiety disorder (Carroll et al., 2020). These findings highlight the unique

circumstances that Venezuelans faced before migrating and how these experiences render them more vulnerable to developing mental health symptomatology following migration.

Mental Health in Venezuelan immigrant parents

Most Venezuelan migrants tend to immigrate as a family unit, with parents often leading the transition to the new country. Immigration represents a major transition for the parents and for their children. The stressful experiences that accompanied immigration can often lead to compromised life circumstances. Migrants must adapt to a new cultural context, a new language, different ways of interacting, and the different climate. Additionally, immigrant families may be exposed to family instability and acculturative stress resulting from perceived discrimination, prejudice, or intergenerational conflicts (Berry et al., 2006; Motti-Stefanidi et al., 2012; Stuart et al., 2016). Past research has noted on how the impact of chronic stress can not only affect parents' mental health, but is also strongly related to their children's behavioral health outcomes (Schaefer et al., 2017). Further, past research conducted with Venezuelan crisis migrant parents has suggested that experiences of discrimination may be associated with post-traumatic stress symptoms (Vos et al., 2021). Moreover, Schwartz et al. (2018) found that negative context of reception and discrimination were both associated with symptoms of anxiety and depression in Colombia and in the United States.

Understanding the links between cultural stressors and mental health symptoms, as well as how these relationships may be moderated by neighborhood characteristics among Venezuelan immigrant parents is especially important because this information

may help to suggest future clinical interventions and public policy based on the type of community in which these parents have chosen to settle. For example, immigrant parents who settle in large, multicultural cities may require different interventions and policies compare to those who settle in small towns with less diversity.

Understanding Race through the Venezuelan lens

One of the main gaps within the Latino/a migration literature is the lack of distinction between race and ethnicity. Especially within Latin America where *colorismo*, a form of racial discrimination that reinforces a system of stratification based on skin color, serves as the primary form of discrimination (Adames & Chavez-Dueñas, 2017). Many studies conducted on Latino/a populations do not acknowledge the racial diversity that exists within these populations. This omission does not allow to fully appreciate the experience of immigrants as racial beings. Given that race has not been acknowledged widely within the Venezuelan immigrant literature, in the present study I aimed to address this issue by acknowledging the differences between race and ethnicity and taking these constructs into account when analyzing the data.

Concerning definitions of race and ethnicity, no term has been agreed upon within the scientific community (Cokley, 2007; Umaña-Taylor et al., 2014). Ethnicity refers to a characterization of a group of people who see themselves and are seen by others as having a common ancestry, shared history, shared traditions, and shared cultural traits such as language, beliefs, values, music, dress, and food (Cokley, 2007). Ethnicity is used to differentiate groups based on national or regional origin (such as “Hispanic” or “Latino/a” used to refer to individuals of Central American, South American, or Spanish-speaking Caribbean ancestry). In the field of psychology, race

often refers to how groups of people are categorized according to their shared physical characteristics, including skin color, physiognomy, and other hereditary traits (Adames & Chavez-Dueñas, 2017). Unfortunately, given the lack of consensus between the definitions of race and ethnicity, these two constructs are often regarded as similar and overlapping, but not synonymous, constructs (Hirschman, 2004).

Venezuelan academic expert on Caribbean studies Luis Duno-Gottberg (2011) explains that Venezuelans are accustomed to seeing themselves as “café con leche”, referring to people who have integrated black and white into a distinctive and harmonious mixture. Duno-Gottberg explains that Venezuelans consider themselves strangers to the kind of prejudice common in other countries, such as the United States. When Venezuelans are asked whether race-related issues exist in Venezuela, they often say no. The harsh reality is that many Venezuelans perceived racial-related issues as having been “resolved.” This perception might be due to a lack of racial consciousness, meaning awareness of themselves as racial beings. Many Venezuelans refuse to talk about race and even react defensively when challenged to think about Venezuela’s history and racial democracy (Duno-Gottberg, 2011).

As a result, although racial categories do exist in Venezuela, it is rare for individuals to openly use these labels. The last Venezuelan Census, conducted in 2011, included a “self-ethnic identification” portion that revealed the following breakdown: Black 2.9%, Afro-descendent 0.7%, Moreno/a 51.6%, White 43.6%, Other 1.2%. Not acknowledging the difference between these two constructs and only focusing on ethnicity does not permit us to examine the racial heterogeneity of the Venezuelan

immigrant community. In the present study I aimed to expand the understanding of the different experience that Venezuelan migrants might face due their race.

Chapter Three: The Present Study

Statement of Purpose

The purpose of the present explanatory sequential mixed-method study was to first, examine quantitatively the relationships among cultural stress (see figure 1), psychological symptoms (anxiety and depression), and how this relationship is moderated by co-ethnic density and Latino/a density. Second, I aimed to qualitatively investigate how the cultural/behavioral elements (access to food, cultural traditions, and customs, support from other Venezuelans, etc.) of the neighborhoods where Venezuelans are settling help explain the relationship between cultural stress and psychological symptoms. These numerous relationships were examined through a Cultural Stress Theory lens, which suggests that immigrants report less discrimination and more positive context when the receiving context is more culturally similar to them than when the context is more culturally dissimilar (Schwartz et al., 2018). As noted earlier, the effect of cultural stress on mental health has been widely studied, including among Venezuelan immigrants. However, this link has generally been examined within a single geographical location (e.g., a single city or state). The present study was designed to investigate how cultural stress varies (or not) across multiple contexts/geographical locations.

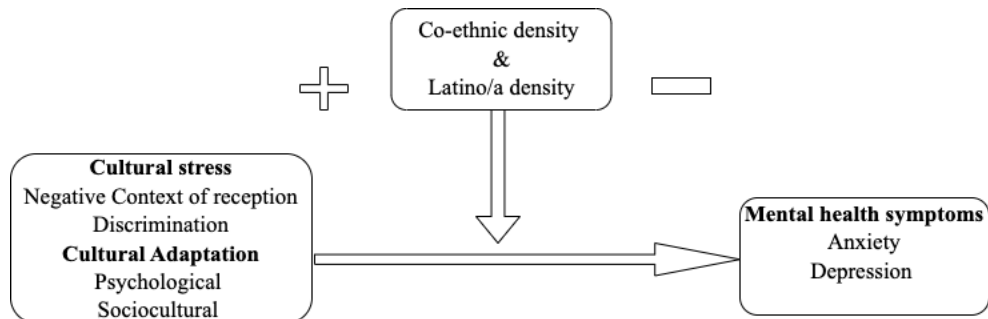


Figure 4. Conceptual Model

Quantitative research questions

1a. To what extent does co-ethnic density predict psychological symptoms above and beyond cultural stress among recent Venezuelan immigrants?

1b. To what extent does Latino/a density predict psychological symptoms above and beyond cultural stress among recent Venezuelan immigrants?

Hypothesis 1: Co-ethnic density and Latino/a density will significantly decrease the link between cultural stress and psychological symptoms.

2a. Is the relationship between cultural stress and psychological symptoms moderated by neighborhood factors such as co-ethnic density among recent Venezuelan immigrants?

2b. Is the relationship between cultural stress and psychological symptoms moderated by neighborhood factors such as Latino/a density among recent Venezuelan immigrants?

Hypothesis 2: I expect that neighborhood factors (co-ethnic density and Latino/a density) will further moderate the relationship between cultural stress and psychological symptoms. I also expect that that co-ethnic density will have a stronger impact on the relationship between cultural stress and psychological symptoms than Latino/a density.

Qualitative research questions

1. What are the cultural/behavioral elements of immigrant neighborhoods (access to food, cultural traditions and customs, support from other Venezuelans etc.) that help Venezuelans adapt to their new environment in the United States?

2. How is Venezuelan immigrants' adaptation compromised as a result of missing heritage cultural elements?

Mixed-Method questions

1. How do cultural/behavioral elements of immigrant neighborhoods (access to food, cultural traditions and customs, support from other Venezuelans etc.) help explain the relationship between cultural stress and psychological symptoms?

Chapter Four: Methodology

Mixed-Methods Explanatory Sequential design

The present study employed a mixed methods explanatory sequential design. A mixed method design consists of using both a quantitative and a qualitative data to gain better understanding of a phenomenon. Quantitative and qualitative data provide different types of information (closed-ended and open-ended respectively) (Creswell & Poth, 2018). Both types of data have their limitations and strengths, and integrating both methods maximize the strengths and minimizes the weaknesses of both types of data (Creswell & Poth, 2018). While there are various models of mixed-method research, the present study used an exploratory sequential design (see figure 2).

An exploratory sequential approach is used when the researcher is interested in following up the quantitative results with qualitative data (Edmonds & Kennedy, 2017). This approach involves two separate phases, the first phase involves the quantitative data collection and the second phase involves the qualitative data collection. The quantitative results typically inform the types of participants that will be purposefully selected for the qualitative phase (Creswell & Clark, 2017). The main goal of the exploratory sequential design is for the qualitative data to help explain in a more in-depth way how the quantitative variables interact with each other (Creswell & Poth, 2018).

The present study is grounded in the idea that the relationship among cultural stress and mental health symptoms such as anxiety and depression may depend on the availability of people, foods, and other resources from one's culture of origin. The availability of these cultural resources will likely depend on the population density where immigrants settle in. The

quantitative portion of the study provided cultural stress levels, co-ethnic and Latino/a density, and the symptoms of anxiety and depression among Venezuelan immigrant parents. The qualitative portion allowed for exploration of the cultural resources and elements (or lack thereof) that Venezuelan immigrants have at their disposal, that may be impacting the relationship between cultural stress, Latino/a and Venezuelan density, and mental health symptoms. The majority of the research conducted on Venezuelan immigrants has been quantitative, and to this researcher’s knowledge there are no scales available that measure the accessibility of cultural elements and resources for immigrants. Moreover, the qualitative portion allowed this research to contextualize this phenomenon and how it varies in disparate location in the United States. Lastly, it allowed for the participant’s voices and rich perspective to be present in the results, something that at times quantitative research fails to do.

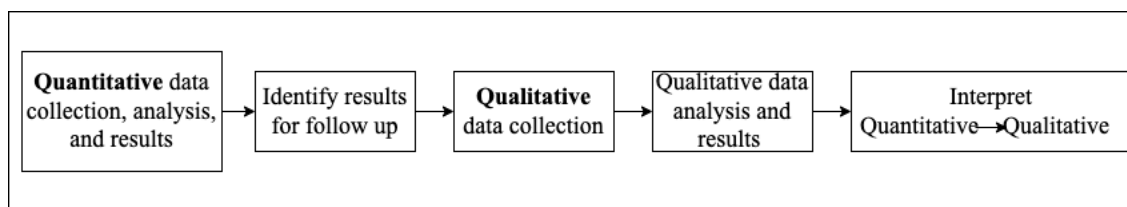


Figure 5. Mixed-Methods Explanatory design

Procedures

The sample for the present study was collected between May 2020 and July 2022. The sample is part of a larger, primary longitudinal study being conducted by Dr. Seth Schwartz. A total of 131 Venezuelan parents who had children or adolescents between the ages 10 and 20, and arrived in the U.S between 2014 and 2022 were recruited. Only the parents’ data was included in the analyses. It is important to note that recruitment took over two years because of some contextual factors. First, the COVID-19 pandemic prevented to do the start of recruitment in person, thus, it was mainly done online, which slowed recruitment down. Moreover, during

the COVID-19 pandemic the research team had some turnover that also affected the recruitment flow. Moreover, community partners that were previously used in prior projects were attending the needs of this vulnerable populations, thus, were not able to support as much in the recruitment process. This pushed the research team to find new community partners. Specifically, we partnered with a church in Orlando Florida that serves heavily the Venezuelan and Puerto Rican communities. Additionally, recently arrived Venezuelans being a vulnerable immigrant community there were many hesitations, especially about confidentiality when deciding to participate in the study. The researchers involved in the study took all the necessary steps to make sure participants felt comfortable, including obtaining a Certificate of Confidentiality (CoC) from the National Institute of Health to provide an extra layer of protection for participants. This certificate protects the privacy of the study participants by prohibiting disclosure of identifiable information of the participants to anyone not connected to the research.

There were various forms of recruitment including word of mouth, social media advertisement, and collaboration with community-based organizations that served this group of immigrants. Those who were interested in participating completed an initial 10-minute screening phone call that confirmed their eligibility for the study. If eligible, after completing consent forms, they were invited to complete a Qualtrics online survey that lasted approximately 60 to 90 minutes. Participants had the option to complete the survey either in Spanish or in English. Parent participants were compensated \$25 in the form of a Tango gift card. Tango is a platform that allows participants to choose over 100 retailers to spend their gift card in. The average age of the participants who completed the study was 44 years of age ($SD = 7.06$). The majority of the participants were women (84%), (15.3%) were men, and (.8%) identified as non-binary. The

majority of sample was married (80.3%), the remaining were divorced or separated (9%), or were never married (7.6%). All participants were living with their children. More than half of the sample (75%) had obtained a bachelors or higher level of education. More than half of the sample (79.5%) noted that a “poorly” or “very poorly” English proficiency level, the average household monthly income was \$3000-5000. The majority of the sample resided in the state of Florida. Other states include, Texas, Georgia, Tennessee, Illinois, Indiana, and South Carolina. A demographic table with the sample characteristics is included in page 32.

Interview Sample

A total of six interviewees were recruited from the main larger study sample between June and July 2022 using a purposive sampling technique. This researcher identified participants who lived in disparate areas around the U.S. and asked if they also wanted to complete an interview component of the study. A total of 20 participants were contacted through WhatsApp but only 6 agreed to do the interview. Similarly, to the quantitative portion of the study, participants who were contacted and declined to be interviewed noted concerns about confidentiality and not wanting to be recorded. Moreover, those who declined to participate in the interview reported being busy and not having the time to complete the interview. Those who participated in the interview were compensated with a \$20 gift card of their choice from either Amazon or Walmart.

The semi-structured interviews were conducted over Zoom, a HIPAA-compliant video conferencing software. The interviews were recorded and then uploaded to a safe cloud storage program. The interviews lasted approximately one hour, and were conducted in Spanish by this researcher. Given the semi-structured nature of the interview, most participants provided

information sought out from the interview template without prompting. This researcher asked clarifying and follow up questions to ensure that the full intended meaning of responses was captured. All procedures and materials were reviewed by The University of Texas at Austin Institutional Review Board. Like it was previously mentioned, the main study also obtained a Certificate of Confidentiality (CoC) from the National Institute of Health to provide an extra layer of protection for participants. During and after the interviews this researcher took notes about the participants' responses as well as her own reactions to the interviews.

Table 2: *Demographic Characteristics of the Sample (N = 131).*

Demographic	<i>n</i>	%
Age		
26-64		
Gender		
Male	20	15.3
Female	110	84.0
Other	1	0.8
Race		
Blanco/a	29	22.1
Moreno/a	12	9.2
Missing	90	68.7
Level of Education		
Some High School	2	1.5
High school degree	7	5.3
Some college	6	4.5
Associates Degree	17	12.9
Bachelor's Degree	58	43.9
Master's Degree	36	27.3
Doctorate's Degree	5	3.8
Current monthly income		
\$0-\$1000	12	9.1
\$1000-\$3000	57	43.2
\$3000-\$5000	50	37.9
\$5000 - \$10000	8	6.1
Over \$10000	3	2.3

Quantitative data analysis

Quantitative data were analyzed using IBM SPSS Statistics (Version 28). First, descriptive statistics were computed, including frequencies, mean rates, standard deviations, and ranges. Second, a regression model was estimated with all predictors, including main effects and interactions. The predictors were Latino/a density, Venezuelan density, perceived discrimination, negative context of reception, psychological adaptation, and social adaptation. Out of the eight different interactions that were conducted, the interaction between Latino/a density and psychological adaptation was the only partially significant interaction. For this marginally significant interaction, Latino/a density was split at the mean ($M = 42.88$) into “low” and “high.” The moderation was examined using PROCESS in SPSS. PROCESS computes a beta coefficient and p-value for the interaction term. It then examines the association of the independent variable with the outcome variable separately for “high” and “low” Latino/a density subgroups.

Measures

Demographic information

Demographic Questionnaire: The demographic questionnaire asked each participant to respond to questions such as, age, race, level of education, marital status, number of people living in their home, place of birth in Venezuela, self-rated English proficiency, income, comparison between current income and past income in Venezuela, current employment status, number of years living in the United States, and current geographical location in the United States (city, state and zip code).

Neighborhood measures

Latino/a and Venezuelan density: Census tracts served as proxies of the participant's neighborhoods demographic composition. Using geographic information system (GIS) software (QGIS 3.24 -Tisler), each participants IP address and zip code was address-matched (geocoded) to identify the census tract in which they lived in. The census information was taken from the American Community Survey (ACS) which is a demographic survey conducted every year by the U.S Census Bureau. Two neighborhood ethnic composition variables were examined as moderators, specifically Latino/a density and Venezuela density. Previous studies examining neighborhood immigrant concentration have used similar procedures (e.g., Miller et al., 2009).

Cultural Stressors

Perceived Ethnic Discrimination Scale (Phinney et al., 1998) was used to assess perceived discrimination, which is participants' perceptions of being treated unfairly/negatively due to their ethnic background. The measure includes seven statements which are rated on a 5-point Likert scale ranging from 1 (Almost never) to 5 (Very often). Items assess the degree and the frequency to which the respondent feels unaccepted in society because of their ethnicity, sample item includes, "*Do people you do not know treat you unfairly or negative because you are (Venezuelan).*" Higher scores indicate higher levels of perceived ethnic discrimination. The scale has been used with immigrant populations, including Venezuelan migrants (Cano et al., 2015; Schwartz et al., 2018). Alpha coefficient for previous studies was $\alpha = .90$ and $.86$ (Cano et al., 2015; Schwartz et al., 2018). (Cronbach's $\alpha = .91$).

Negative Context of Reception Scale (Schwartz et al., 2014) was used to measure perceived negative context of reception, assesses feelings of being unwanted or "shut out"

because of one's nationality or ethnicity. The measure includes 6 statements which are rated on a 5-point Likert scale with responses ranging from 0 (Strongly Disagree) to 4 (Strongly Agree). This is a sub-scale within the Perceived Context of Reception scale, which also includes a Positive sub-scale. For the purpose of the present study only the negative sub-scale was used. Previous studies done on Venezuelan immigrants working under cultural stress theory framework have not included the positive sub-scale either given that the main components of cultural stress do not include positive reception to the new culture. Sample items of the Negative Context Reception scale include "*People from my country are not welcome here*" and "*My family and I would be treated better if we were more like other immigrant groups.*" Items are summed to calculate total scores. Higher scores indicate greater perception of negative context of reception. This scale is widely used to measure negative context reception among Latino/a populations and has been noted to have reliability between 0.74 to 0.86 (Cano et al., 2015; Schwartz et al., 2018). (Cronbach's $\alpha = .80$).

Cultural adaptation

Psychological Adaptation (Demes & Geeraert, 2014) was used to measure psychological adaptation, the scale measures the emotional and psychological aspects regarding the adaptation to a new cultural setting. The scale assesses the frequency that participants are experiencing happiness, excitement, and homesickness and feeling out of place. Sample items include, "*In the last 2 weeks how often have you felt...*" This statement is followed by items such as "*excited about being in the U.S*" and "*homesick when you think of Venezuela.*" The scale consists of 8 items and Alpha coefficient for previous studies was $\alpha = .83$ and $.83$ (Demes & Geeraert, 2015) (Cronbach's $\alpha = .64$).

Sociocultural Adaptation (Demes & Geeraert, 2014) was used to assess ease of adaptation to social and cultural elements of the new host country. The measures assess the behavioral and practical aspects of participants adaptation. There is a total of 12 items that assesses adaptation to topics like climate, language, making friends, food, and pace of life. Participants respond using a 7-point scale (1=very difficult, 7 = very easy). Sample items includes, “*Think about living in the United States. How easy or difficult is it for you to adapt to practicalities, social norms, values and beliefs, social environment.*” Items are summed to calculate total scores. This scale has been used with different immigrant groups including Venezuelan migrants. Alpha coefficient for previous studies was $\alpha = .85$ and $.82$ (Demes & Geeraert, 2015) (Cronbach’s $\alpha = .88$).

Psychological Symptoms

General Anxiety Disorder-7 (GAD-7) scale (Spitzer et al., 2006) The GAD-7 was to used assess symptoms such as excessive worrying, tension, irritability, and difficulty sleeping. The GAD-7 consists of 7 items and participants are asked how often during the last 2 weeks they experience a specific symptom (i.e., feeling nervous, trouble relaxing etc.). Responses options vary from 0 (Not at all) to 3 (Nearly every day). Items include, “*worrying too much about different things*” and “*being so restless that is hard to be still.*” The GAD-7 has been widely used with immigrant population and has shown a reliability ranging from 0.83 to 0.91 (Schwartz et al., 2018) (Cronbach’s $\alpha = .92$).

Centers of Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977) The CES-D was used to assess symptoms of depression. The CES-D has 10-items that target six components: depressed mood, feelings of guilt and worthlessness, feelings of helplessness and hopelessness, psychomotor retardation, loss of appetite and sleep disturbance (Radloff, 1977). It

was developed to assess depressive symptoms in the general population. Sample items include "*I felt like everything I did require a lot of effort*" and "*I felt sad*" (Radloff, 1977). The scale asks respondents to report how often they felt during the past week on a 4-point scale. Responses range from "Rarely or none" of the time to "Almost all the time." Items are summed to calculate a total score, with higher scores indicating higher more depressive symptoms. Reliability and validity of the scale have been tested in general and clinical populations indicating good internal consistency with an alpha of 0.85 for the general population and 0.90 for the psychiatric population (Radloff, 1977). The CES-D has been previously used with Venezuelan and it has shown a reliability ranging from 0.93 to 0.83 (Cano et al., 2015; Schwartz et al., 2018). (Cronbach's $\alpha = .82$).

Qualitative analysis

The Phenomenological method

The present study used a descriptive phenomenological approach based on Amedeo Giorgi's approach, that is rooted in Husserlian tradition (Giorgi, 1997). Originally, phenomenology has its roots in philosophy, and comes from the German philosopher Edmund Husserl who developed the approach and coined the term. Phenomenology is concerned with people's lived experiences, and it "offers a method for accessing the difficult phenomena of human experience" (Giorgi, 1997). Moreover, Husserl believed that the world could only be understood through people's thoughts as they appear in their consciousness (Wertz, 2005). Husserl believed that there is a phenomenon only when there is subject who experiences the phenomenon and that the world could only be understood through people's thoughts (Dowling & Cooney, 2012).

Over the years phenomenology has been adapted to help answer qualitative research questions within psychology. There are various approaches and schools of thought within phenomenology, hermeneutic phenomenology, interpretive phenomenology, life world phenomenology, and descriptive phenomenology, which was used in the present study (Dowling & Cooney, 2012). One major difference between Husserl approach and other approaches is that Husserl focused on the *experience itself*, while other approaches have been concerned with the *process* of understanding the experience. Additionally, Husserl believed that in order for the researcher to truly understand the essence of a phenomenon, they must access the *lebenswelt*, or “the lived world” which means engaging in a pre-reflective understanding of the participant’s perspective of the phenomenon being studied. In order to take the participant’s perspective, the researcher must engage in bracketing. The researcher must “bracket” their own experiences, beliefs, and conceptualizations of the world and the studied phenomenon. This allows the researcher to get as close as they can to the participants point of view, while also understanding their own positionality (Wertz, 2005). In the following section of this chapter, I will discuss my own positionality and the reasons I was drawn to this topic.

Giorgi’s approach has been described as the closest method to Husserl’s original phenomenological approach. Giorgi’s and Husserl’s approaches to qualitative analysis are useful because they offer a methodology for understanding human experiences through thick description. As noted earlier, the descriptive phenomenological approach suggests that these experiences are influenced by the human consciousness. Phenomenology seemed like the perfect fit for understanding *how* the access to cultural resources influences the adaptation experience because of its emphasis on understanding how individuals experience a certain phenomenon and the impact that it has on their experiences. Additionally, given that access to these cultural

resources, neighborhood ethnic composition has not been studied among Venezuelan immigrants, using a solely quantitative approach would not have adequately allowed for the understanding of this phenomenon. Moreover, using a qualitative approach allowed for the participants' experiences and voices to be more present in the study, which a quantitative approach would have prevented. Lastly, one of the major strengths of qualitative research is that using a thick description of a phenomenon better addresses lesser-known experiences that are embedded in daily life and cultural practices.

Descriptive Phenomenological analysis

Interviews were transcribed through Happy Scribe, a transcription software. The software allows for the user to choose the country of origin of the speaker for greater accuracy. Each transcript was reviewed by this researcher to ensure that the content of each transcript was accurate with the audio recording. Data was hand coded and analyzed in Spanish using excel sheets. Quotes presented in the next chapter were translated by this researcher and a certified translator that is related to this researcher. The qualitative analysis for the present study was approached through Giorgi's (1997) descriptive phenomenological method. Giorgi's approach has four interlocking main steps. (1) Epoche also known as bracketing, (2) phenomenological reduction, (3) imaginative variation, and (4) intersubjective corroboration or verification. In order for an analysis to be phenomenological in nature, the researcher must engage in these different components.

The first step, Epoche, also known as bracketing, means that the researcher needs to understand and bracket past knowledge about the phenomenon, while doing this one must have an open-minded approach, and avoid biases and presuppositions about the phenomenon being

studied. This is done to “to encounter the phenomenon freshly and describe it precisely as is experienced” (Giorgi, 1997). Moreover, it allows the researcher to understand the limits of its own knowledge and understand the phenomenon through the participants eyes. Before, during and after the analysis I bracketed as much as I could. I did this through self-reflection, self-awareness, creating memos, and talking to other researchers, colleagues, mentors, and getting their different perspectives on the subject. In my positionality statement, a form of bracketing, I will further explain how I approached this phenomenon, my own knowledge’s limitations about the phenomenon, and how it required me to be fully aware of my own background and identities to approached the subject with as much awareness as I could.

Bracketing occurred even before inviting participants to participate in the interview, I incorporated it in the sampling process, data collection, and data analysis. All throughout the qualitative phase of the study, I created hand-written memos documenting my reactions, assumptions and emotional responses to the participants and what they were sharing. These memos served as a form of bracketing. During the data analysis, while re-reading participant’s transcripts I noticed how my own emotional experiences around the research topic increased, when this happened, I documented my reactions. I also took breaks from the data if I started noticing the quality of my work changing. When interpreting the results, I consulted with Dr. Ainslie and Dr. Gulbas and a graduate student colleague who had access to the audio and transcripts. Although, I was the only coder for the present study, allowing my graduate student colleague, Enrique have access to the audio and transcripts increased discussion and challenged implicit biases. I also consulted with Dr. Gulbas frequently during and after the coding process and when writing the results. Her expertise in qualitative research, knowledge on the Venezuelan

community and lived experience were essential, especially when trying to make sense of the results.

The second step, Phenomenological reduction is the systematic analysis of distinguishing between the way the phenomenon being studied is experienced by the participants, and how it actually exists in the world (Giorgi & Giorgi, 2003). Before, I started to develop the code books I spend time re-reading the transcripts, listening to the audio. I then wrote my two qualitative research questions and attempted to answer them with the information I had gathered from my revisitation of the data. This allowed me to make sure I was clear on the pieces that were relevant to the research question and those that were not. In her lecture, Gulbas (2022) explains that phenomenological reduction “acknowledges that the perspective of the participant is only relevant to the extent that it can clarify how the phenomenon presents itself to the participant.” During phenomenological reduction, only the data that was relevant to the phenomenon was analyzed. Meaning there were other codes that came up across participants, for example their perception about Americans and how they feel they are treated. However, due to those codes not being related to the research question they were disregarded and not analyzed. The excel code book went through four revisions/versions, the fourth one being the last version. After reviewing four transcripts and no new codes emerging, no more revisions were made to the codebook

The third step is imaginative variation, this step aims to seek “the *psychological* essence of the phenomenon and not the universal essence.” (Giorgi & Giorgi, 2003) By aiming to find the essence of the phenomenon, psychologically context is taken into account. After the codes were set, the major themes were developed. I aimed for the themes to be reflective of the six participants experiences, with their similarities and differences. At the end four themes emerged.

Given that there was variation on participants experience and there were differences among them, I had to remind myself constantly that generalizability was not the ultimate goal. Rather the acknowledgement that “universality is not attainable” and understanding a specific phenomenon that may not present itself in other contexts is equally as valuable as striving for generalizability. The last and fourth step is the description of the essence discovered. During this step, I aimed to portrayed participants experiences to the best of my abilities. My goal was to emphasized their set of experiences rather than my own perspective. The qualitative results will be discussed in detail in the results chapter.

Positionality

My own positionality, the identities that I hold, and the contexts I spend most of my time inform how I view and conceptualize the qualitative interviews and quantitative data. Thus, it is important to discuss them to better understand how I approached the existing intersectionality between me and this line of research. Early in my graduate studies, I knew I wanted to study immigration-related experiences. My own experience as an immigrant, my younger brother's, my partner's, close friends, and my parent's experience who emigrated later in their lives inform and motivate me to understand the factors that impact the acculturation process. I've also become curious about the aspects that help and ease the grueling adaptation process. Surprisingly, I never considered studying Venezuelan immigrants. Venezuelan immigrants were not a group of immigrants being talked about within the academic circles I was moving, neither when I started my Masters in 2015 and later my doctorate in 2018. It wasn't until I attended a presentation given by Seth Schwartz in the Fall of 2019 that I learned that Venezuelan immigrants were being studied in other universities in the United States. I found this line of research by serendipity, and I will always be grateful for that. Even though it has been hard to study a topic, I am so close to

personally, I have also come to value the nuances of studying a community I am part of. I have come to learn that self-reflection and tact are essential tools when one is doing research on a personal topic. Most researchers studying Venezuelan immigrants are not part of the Venezuelan migrant community. Hence, I feel a strong responsibility to conduct this research intentionally and produce results that are not only important to me but, most importantly, that reflect the perspectives and opinions of the participants in the study. Moreover, I hope this project will help spread the word beyond academia about Venezuelan migrants in the United States. As of August 2022, Venezuelans are the world's largest group of crisis migrants.

Even though I share the same nationality as the participants in the study, my immigration experience has been very different from the individuals I interviewed and those in the larger sample. My identities and privileges have facilitated interactions with participants. Still, they have also emphasized the differences between us. As a doctoral student from an upper-middle-class background, white Latina, bilingual, with access to higher education, healthcare, and the ability to work afford me many privileges that most participants in the study do not have. As I coded the interviews, I constantly reminded myself of those differences and the importance of centering the participant's perspectives and points of view rather than my own. Trying to put myself into their shoes, while also acknowledging the limitations of my own perspective was essential to develop the results.

Although in academia, it can be very easy to become the "spokesperson" when doing research with individuals who hold marginalized identities, I have never enjoyed nor agreed with this role, and one of the ways I addressed it was being transparent with the participants, sharing my motives behind the research as well as the limitations in our interactions. I shared I was a student and why I had become interested in the topic. I had to be intentional with my self-

disclosures. My training as a psychologist in training was helpful when trying to build a relationship with participants so they would feel comfortable sharing details about their experience. Another way that I attempted to avoid becoming the “spokesperson” was to be mindful in the way I wrote the results. My goal was to stay away from “othering” their circumstances and to convey the nuances and diversity of experiences that I came to learn while interviewing the participants.

One of the most notable differences between the participants and me is that I am not a parent. All participants in the sample emigrated with their children, and many of their motivations were around providing a better quality of life for their children. The challenges that the parents in the study have faced about providing financial and emotional support to their children while also adapting to a new environment is something that I can very much empathize with. Still, the reality is that, most likely, I will never fully understand their experience.

Another notable difference between my experience and the participants' experience is the time and age of migration. I arrived in the U.S in August 2011 at the age of 17. I came to college and was backed up by my parents' emotional and financial support. I am well aware of the privilege that this entails. On the other hand, the participants in the study arrived after 2014 during this time the world has been through COVID-19, and more specifically in the U.S, with the Trump administration, the anti-immigrant sentiment has increased; additionally, during the few months when I was interviewing participants, the Uvalde shooting happened in Texas, a state in which some participants live and send their kids to school. It is important to acknowledge all these socio-political events since they impacted the data collection and, most importantly, the participants' immigration experience.

Lastly, the reason why I became curious about how access to cultural elements such as individuals from one's country of origin, food, and traditions affect the adaptation process is due to my own experiences living in places across the U.S. where the accessibility of these elements varies. I have called "home" Tulsa, Boston, Austin, and now Houston. All very different places from each other. I have come to cherish Venezuelan cultural spaces that remind me of home. The small access to Venezuelan elements has brought me comfort in times of homesickness and have helped me fought my own internal battles with belongingness. I am also well aware that not everyone experiences these spaces the same way I do.

As I mentioned earlier, one of the first things I noticed about the published studies on Venezuelan immigrants in the U.S is that the majority of them are about Venezuelans in Florida. I knew from personal experience that it felt different to live in other areas than in Florida. There is a colloquial understanding among Venezuelans that those who emigrate to Florida may have it "*más fácil*" (easier). This is obviously a big generalization, but the underlying meaning is that there are indeed many similarities that may resemble Venezuela in some ways. Regardless of whether or not this is true it is important to understand the experience in other states and contexts. The majority of the sample in the larger study is from Florida. The qualitative interviews allowed for an insight into what it might be like for others who do not reside in the sunshine state. I hope this research project can convey the importance of context, its influence on the immigration experience but also the nuances and diversity of people's migration experiences.

Rigor

Trustworthiness has been the primary method in qualitative research to assess the rigor and quality of qualitative results. Guba and Lincoln (1989) proposed four criteria for establishing trustworthiness in qualitative research, which are, credibility, dependability, confirmability and

transferability. Even though this criteria has been widely used to assess the rigor of qualitative studies, other scholars have suggested that qualitative researchers should be using the same terminology as quantitative researchers. Meaning that validity, reliability and generalizability should also be the standards for evaluating qualitative inquiry (Morse, 2015). The present study followed Morse's suggestion and used reliability and validity as rigor criterions.

Scholars have also noted that when doing qualitative research with marginalized communities strategies around achieving rigor should be adapted for the specific population (Hamilton, 2020). How one sets up the study needs to be appropriate, relevant and culturally sensitive. This perspective was essential when coming up with the interview questions for the qualitative portion of the present study. It was also relevant when thinking about the participants that were going to be asked to participate in the interviews.

I have been conducting research on Venezuelan migrants since April of 2020. I have completed screening phone calls for the larger study that the quantitative data is from and spent a lot of time learning the best ways to approach this population. This has allowed me to be attune of participants worries and hesitations about participating in the research project. I used this knowledge when contacting participants and inviting them to the interview. I found that increasing their level of comfort and control helped them trust me a little more. For example, I noticed that using WhatsApp and having my own personal picture increased more the engagement than when I would used the study's logos. I also noticed that sending voice notes after the first contact through text participants tended to also be more receptive and less skeptical. Lastly, I also took the time to talk over the phone with those that requested it and explained what the interview process would entail. I contacted 20 participants and 6 agreed to do

the interviews. The other 14 either did not respond and others declined because they either did not feel comfortable being recorded or had not enjoyed doing the very long quantitative portion of the study. Building a good rapport with participants prior to the interview was essential to form trust and foster thick description during the interviews. Even though I am Venezuelan myself, I never assumed that my identity would give me automatic “buy in.” It helped but I have found that it is not enough. My identity as a student was an asset as they felt more inclined to collaborate. I believe all these actions increased the validity of the study and helped with the quality of the interviews. These techniques have been also suggested by experts in qualitative inquiry (Hamilton, 2020; Morse, 2015).

Another step taken to enhance validity when starting to think about how to approach the qualitative portion of the study was to review the different qualitative methodologies and make sure that phenomenology was the right fit for the questions that I was attempting to answer. Phenomenology seemed appropriate given that it focuses on how participants experience a certain phenomenon. For the specific case of this study’s, it seemed appropriate given that I aimed to understand the participants experience when accessing or missing cultural elements from their country of origin. Additionally, validity was also enhanced when developing the interview guide. I consulted with researchers and other graduate students familiarized with conducting research with Venezuelan immigrants. I also consulted with colleagues that are not familiarized with the topic to also test out whether what I was asking made sense when there is little background knowledge. I was able to receive and apply the feedback I obtained from these consultations. The interview guide can be found on appendix H. Other methods that were applied to enhance validity were negative case analysis, which allowed to better understand how the

phenomenon being studied is not always helpful for all Venezuelan immigrants and debriefings where I presented my findings with advisors, and student colleagues.

There were several strategies that were used to enhanced reliability. In line with Morse (2015), the primary method to ensure reliability occurred mostly during the coding process. Developing a systematic method of coding was important so all interviews would be analyzed with the same criteria. As stated earlier, semi-structured interview questions were intentionally prepared. Even though Morse (2015) suggests that questions should be asked in the same order to all participants, this was not always possible since I always prioritize rapport building and participant's comfort over the order of the interview questions. Most of the interviews had a common flow, however, even though I strived to get thick descriptions from most interviewees this not always happened due to natural participant variation. After all interviews were completed, codebook development started. Reliability was enhanced by being intentional, focusing only on codes relevant to the research question and going through several revisions of the codebook. Codes definitions were developed to have a better understanding on when or when *not* to code. The codebook went through four total revisions. The only coder for the analysis was this researcher, however, steps mentioned in the validity enhancement section were taken to account for this.

Chapter Five: Results

Quantitative results

Psychological adaptation

When I interacted psychological adaptation with Latino/a density and depression as an outcome there was a marginally significant interaction ($\beta = .15$, $p = .057$). The main effect of psychological adaptation was highly significant ($\beta = -.45$, $p < .001$), but the main effect of Latino/a density was not significant ($\beta = .064$, $p = .42$). To explore this significant interaction, I divided Latino/a density in high versus low, using a mean split. For participants living in low Latino/a density areas, the link between psychological adaptation and depressive symptoms was strongly negative ($\beta = -.58$, $p < .001$). However, in high density areas, the link between psychological adaptation and depressive symptoms was much weaker ($\beta = -.25$, $p = .07$).

When I interacted psychological adaptation with Venezuelan density and depression as an outcome the interaction was not significant ($\beta = .080$, $p = .319$). The main effect of psychological adaptation was highly significant ($\beta = -.448$, $p < .001$), but the main effect of Venezuelan density was not significant ($\beta = .056$, $p = .480$).

When I interacted psychological adaptation with Latino/a density and anxiety as an outcome the interaction was not significant ($\beta = .087$, $p = .269$). The main effect of psychological adaptation was highly significant ($\beta = -.38$, $p < .001$), but the main effect of Latino/a density was not significant ($\beta = .058$, $p = .46$).

When I interacted psychological adaptation with Venezuelan density and anxiety the interaction was not significant ($\beta = .035$, $p = .669$). The main effect of psychological adaptation

was highly significant ($\beta = -.382, p < .001$), but the main effect of Venezuelan density was not significant ($\beta = .052, p = .516$).

Sociocultural adaptation

When I interacted sociocultural adaptation with Latino/a density and depression as an outcome, the interaction was not significant ($\beta = .039, p = .654$). The main effect of sociocultural adaptation was significant ($\beta = -.174, p = .050$), but the main effect of Latino/a density was not significant ($\beta = .092, p = .291$).

When I interacted sociocultural adaptation with Venezuelan density and depression as an outcome the interaction was not significant ($\beta = .060, p = .499$). The main effect of sociocultural adaptation was significant ($\beta = -.172, p = .051$), but the main effect of Venezuelan density was not significant ($\beta = .108, p = .217$).

When I interacted sociocultural adaptation with Latino/a density and anxiety as an outcome the interaction was not significant ($\beta = -.008, p = .927$). The main effect of sociocultural adaptation was significant ($\beta = -.168, p = .053$), but the main effect of Latino/a density was not significant ($\beta = .081, p = .345$).

When I interacted sociocultural adaptation with Venezuelan density and anxiety the interaction was not significant ($\beta = .012, p = .888$). The main effect of sociocultural adaptation was significant ($\beta = -.167, p = .055$), but the main effect of Venezuelan density was not significant ($\beta = .095, p = .268$).

Negative context of reception

When I interacted negative context of reception with Latino/a density and depression as an outcome the interaction was not significant ($\beta = .028, p = .752$). The main effect of negative

context of reception was significant ($\beta = .193, p = .031$), but the main effect of Latino/a density was not significant ($\beta = .055, p = .529$).

When I interacted negative context of reception with Venezuelan density and depression as an outcome the interaction was not significant ($\beta = -.002, p = .985$). The main effect of negative context of reception was significant ($\beta = .189, p = .034$), but the main effect of Venezuelan density was not significant ($\beta = .079, p = .365$).

When I interacted negative context of reception with Latino/a density and anxiety as an outcome the interaction was not significant ($\beta = -.089, p = .319$). The main effect of negative context of reception was not significant ($\beta = .116, p = .188$), and the main effect of Latino/a density was also not significant ($\beta = .059, p = .501$).

When I interacted negative context of reception with Venezuelan density and anxiety as an outcome the interaction was not significant ($\beta = .036, p = .676$). The main effect of negative context of reception was not significant ($\beta = .110, p = .211$), and the main effect of Venezuelan density was also not significant ($\beta = .077, p = .376$).

Perceived Discrimination

When I interacted perceived discrimination with Latino/a density and depression as an outcome the interaction was not significant ($\beta = .022, p = .800$). The main effect of perceived discrimination was significant ($\beta = .244, p = .006$), but the main effect of Latino/a density was not significant ($\beta = .004, p = .398$).

When I interacted perceived with Venezuelan density and depression as an outcome the interaction was not significant ($\beta = -.002, p = .985$). The main effect of perceived discrimination

was significant ($\beta = .189, p = .034$), but the main effect of Venezuelan density was not significant ($\beta = .079, p = .365$).

When I interacted perceived discrimination with Latino/a density and anxiety as an outcome the interaction was not significant ($\beta = .089, p = .319$). The main effect of perceived discrimination was not significant ($\beta = .116, p = .188$), and the main effect of Latino/a density was also not significant ($\beta = .059, p = .501$).

When I interacted perceived with Venezuelan density and anxiety as an outcome the interaction was not significant ($\beta = -.013, p = .881$). The main effect of perceived discrimination was not significant ($\beta = .134, p = .126$), and the main effect of Venezuelan density was not significant ($\beta = .080, p = .355$).

Table 3. *Quantitative results*

	<i>Latino/a density</i>		<i>Venezuelan density</i>	
	Depression	Anxiety	Depression	Anxiety
<i>Psychological adaptation</i>	.15*	.087	.080	.035
<i>Social adaptation</i>	.039	-.008	.060	.012
<i>Negative context of reception</i>	.028	-.089	-.002	.036
<i>Discrimination</i>	.022	.089	-.002	-.013

Note: Coefficients displayed are standardized Betas

Race

The variable of race was added more than half way into the data collection, thus, only 45 participants were able to report their self-identification. Out of the 45 participants who responded, 41 of them identified either as “Blanco” or “Moreno.” The other four participants answered “other” however, due to the difference answers they were not added to the analysis. I compared those two groups on the cultural stressors, adaptation variables and mental health

variables and although the t-test were not significant due to the small sample size effect sizes might be important to report.

Table 4. Mean comparison of Venezuelan race

Variable	Ethnic group		Significance test	
	Moreno N=12	Blanco N=29	t	Cohen's d
<i>Psychological adaptation</i>	36.92 (SD=6.082)	39.00 (SD=8.242)	0.791	.27
<i>Social adaptation</i>	51.17 (SD=12.770)	55.00 (SD=14.614)	0.789	.27
<i>Negative context of reception</i>	14.58 (SD=5.125)	13.03 (SD=4.859)	0.914	.31
<i>Discrimination</i>	12.00 (SD=4.178)	12.24 (SD=4.954)	0.148	.05
<i>Depression symptoms</i>	11.33 (SD=2.64)	10.62 (SD=3.90)	0.58	.20
<i>Anxiety symptoms</i>	9.00 (SD=2.95)	10.31 (SD=4.18)	0.99	.34

Qualitative results

The objective of the qualitative portion of the present study was to understand in depth and detail how the access or the lack thereof of cultural/behavioral elements impact the adaptation process of Venezuelan crisis migrants to their new environment in the United States. It is important to note that the goal of the qualitative portion of this study was never to produce generalizable results. Rather, it was meant to accompany and strengthen the quantitative results and highlight some of the experiences of a group of cases. The qualitative results allowed us to understand the common elements of participants' experiences as well as the variances and nuances in every single one of their individual stories. It is worth mentioning that most participants in the interviews noted that having some sort of cultural elements from back home,

in their case, Venezuela was beneficial. For some, it was essential but for others it was not. Even though most noted the importance of keeping some of these cultural elements, all, regardless of their relationship with these cultural elements and geographical location, mentioned that the most influential aspect of how they adapt to their new environment is being able to cover their basic needs. Without the coverage of basic needs, no sense of safety nor adaptability seems to be able to be achieved. These include financial stability, having a stable job, access to healthcare, being able to communicate in English, and having the proper immigration documentation that allows them to work and move freely. Four overarching themes emerged from the six interviews that were conducted.

Theme 1: Having access to cultural/behavioral elements is beneficial for the adaptation process of some: “Hay mucho Venezolano...eso me calma, eso me ayuda”

Some participants discussed how having access to cultural elements from Venezuela, such as access to food, cultural traditions, and other Venezuelan individuals, is beneficial to their adaptation process. For example, Camila, a woman who lives in Katy, Texas, a city outside Houston known for its high density of Venezuelan residents spoke with joy and a smile when talking about how the easy access to Venezuelan food has facilitated her adaptation process to her new town. She recounted,

Hay gente que eso no le gusta a mi sí, porque por decirte yo salgo aquí a la avenida y yo consigo en todos lados tequeños. ¡¡Hoy estaba súper feliz porque conseguí un jugo Frica, imagínate, eso para mí es!! O sea, yo voy a un mercado donde consigo todas las cosas venezolanas. Aquí al lado tengo un mercado que se llama Fiesta, es un mercado latino. Entonces ahí yo consigo, hay un pasillito donde yo consigo todas mis cositas, mis miserias y mi vaina, como diría yo. Entonces eso a mí me ha facilitado.

Some people don't like this, but I do because I go out to the main street, for example, everywhere I look and find tequeños! Today I was super happy because I found a Frica juice (a brand from home) and for me, that is...WOW!!! I go to a supermarket where I get all Venezuelan things. Next door there is a store called Fiesta, it's a Latin place, and

there, in one of the aisles, I find everything, as we say at home “even the devil and all my stuff” ...So that has helped me.

Camila also shared that she has tried to build a network of Venezuelan individuals. So that when she needs to outsource a task, such as cooking a birthday cake for one of her three daughters, getting her nails or hair done, or looking for medical care, her first attempt is always to find another Venezuelan-owned business. She noted that not only does she feel more comfortable, but there seems to be some psychological safety knowing that the final product will be similar to the one she would have received in her native hometown of Maracaibo. She also noted easier access to Venezuelans was an important factor into the decision making on where to settle in the United States. Knowing that Katy, Texas, the town where she was moving to was full of Venezuelans helped her “calm her nerves.”

Vámonos para Katy, es una ciudad muy bonita, un pueblo muy bonito, está cerca de Houston, hay mucho venezolano, bueno, le dicen Katyzuela hay mucho maracucho¹ también, entonces eso me calma, eso me ayuda.

Let’s go to Katy, it’s a very pretty town, near Houston, with a lot of Venezuelans, –they call it Katyzuela–it has a lot of people from Maracaibo, so that calms me and it helps me.

Marta, another interviewee, living in Frisco, Texas, also mentioned the food and people. She added another layer about accessing cultural elements, which is that she searches for traditional Venezuelan events, not only for her sake but for her children’s sake, who arrived to the U.S. very young so they can also connect with their Venezuelan heritage.

Si de repente hay algún evento que tenga tradiciones Venezolanas, como por ejemplo las coleaderas de toros. Es un evento que lo hacen como una vez al año. Entonces nosotros vamos para que los niños vean como es. Ese tipo de actividades así son las que las que realmente yo busco llevar a los niños. Y de repente en la iglesia hay algún evento por la Virgen de la Chinita o algún evento de venezolanos, entonces para que ellos vean, los

llevo también a un restorán de comida venezolana. Para que ellos prueben ciertas cosas y por supuesto, ir a la Florida, porque la Florida es el mejor escenario.

Every so often there's an event with Venezuelan traditions, like the rodeos, for example. It's an event that happens about once a year, and we take the children so they can see what it's like. Those are the types of activities that I try to get the children to see. Or maybe an event in the Church, like to honor a Virgin (La Chinita), a very Venezuelan event, so I take them to see it. I also take them to a Venezuelan restaurant so they can try some of the food and, of course, we go to Florida, because that is the best place.

When talking about accessing these cultural elements, most interviewees spoke about it with excitement and relief but also a sense of reminiscence. Theme 1 increased the understanding of the types of cultural elements that are important for this group to access, as well as how accessing these elements has helped them while adapting to the United States. It seems that accessing these cultural elements creates psychological comfort in a foreign environment and keeps them connected to the country they left behind.

Theme # 2: Getting creative when accessing cultural elements from Venezuela is not easy:

“Todos los veranos nosotros vamos a Miami.... allá uno se siente como en casa”

Interviewees who reside in areas where the population of Venezuelan and Latino residents is low, noted that accessing cultural elements from Venezuela is not always easy. Thus, they have to get creative when craving and seeking elements from back home. Interviewees noted that even though they missed these elements, it was not detrimental to not having easy access to them. Most participants who live in low density Venezuelan areas, noted that they travel either to Katy or Miami to get their “dosage” of Venezuelan culture.

Marisela, a mom of two boys, arrived to the U.S. about a year ago and now lives in Duluth, Georgia. She shared that she likes where she lives, but at times feels lonely due to the lack of physical closeness with her extended family who lives in Texas. She shared that to

combat this feeling she tries to travel to Houston to visit her family when time and money permits. She shared,

Gracias a Dios ahorita en julio viajo a Houston, hice un viaje a principios de enero y si, si trato de hacerlo porque me pega pues no sé y como estoy aquí solita intento ir a visitar. Porque la mayoría de la gente que conozco, mi familia, la tengo en Texas entonces bueno trato de ir para **recargar bien**, porque en verdad que ha sido este año muy difícil sobre todo diciembre.

*Thank God I'm going to Houston in July, I went there at the beginning of January because, yes, I try to do that because it really hits me being alone here, you know, so I try to visit. Most of the people I know, my family, are in Houston, so I try to go to **recharge**, because this year has been very difficult, especially December.*

Marta, a mom of three who lives in Frisco, Texas, also shared a similar experience and spoke about how every summer she and her family try to go to Miami for vacation, and to see friends. She noted, that Miami “feels like home.” Similarly, to Marisela, Marta, did not expressed any discontent with where she lives. Quite the opposite, she noted that she likes the town and state where she lives, “it is one of the best suburbs in the U.S you know”, she proudly noted. Moreover, she expressed being content with many of the state policies and opportunities.

Todos los veranos nosotros vamos a Miami para para vacacionar, para ir a la playa, porque aquí donde yo estoy tú sabes que seca es la cosa. La playa es horrible, horrible. Entonces nosotros vamos allá y compartimos en la playa y agarramos y vemos también a nuestras amistades que viven allá y uno se siente como si estuviera en casa.

Every summer we go to Miami for a vacation, to go to the beach, because where I am it's really dry, the beach is terrible, terrible, so that's where we go and do things together on the beach, see our friends who live there, and feel as though we were at home.

The interviewees also shared that they have found ways to adapt to not being able to buy Venezuelan food items at the grocery store, like adobo, and harina pan. An interviewee said she has started ordering it through Amazon prime and other online Venezuelan stores that ship frozen foods. Marisela, another participant shared that she will sometimes drive forty-five

minutes to the nearest town with a higher Latino density to find the food items. However, she does not do this frequently. Marci, a mom of two, who used to live in Doral, a Miami suburb and Venezuela enclave, now lives in Murfreesboro, Tennessee. The rising costs of Florida and the lack of job opportunities pushed her family out of the state. She shared how now, in her current town in Tennessee, she “studies” the grocery stores to know where to go for Venezuelan items. She explained,

Ya me ha tocado comprar cosas, esas cosas online, que si el adobo varios potes, que si la galleta de soda que yo comía allá, que aquí no hay en ciertas partes, entiende? Pero yo digo que todo es cuestión de buscar. Es cuestión de que uno se ponga a estudiar los supermercados. En el Walmart que yo voy ellos tienen como la mitad de un pasillito con productos importados y ahí consigues harina pan a veces. Es lo único venezolano que tienen porque la mayoría son cosas mexicanas.

So I've gotten to a point where I've had to buy things online, like several adobos, the crackers that I used to eat at home, things that not every place has, you know? I think it's all a matter of looking for things, check out the supermarkets. The Walmart that I go has half an aisle full of imported things and sometimes they have harina pan—that's the only Venezuelan thing they have, most of it is Mexican stuff.

When asked how she felt about the extra steps she had to take for accessing Venezuelan items she responded that she was already used to it. She explained that even though her access was greater when she lived in Doral (FL), she was not going to “die” if she did not have access to Venezuelan food items. Meaning that they are a nice commodity but not essential for survival. It is important to note, that due to the scarcity of food, medicine, and basic necessities that were happening in Venezuela around 2015, most Venezuelans, are used to hunting for foods in different places. This might be a possible explanation as to why some of these interviewees may not be bothered by the different searches. For example, Marci explained,

No ha sido duro porque uno se acostumbra a todo. Como digo yo, no hay tantos restaurantes venezolanos como en Miami, obviamente. Allá en una esquina tú ibas, o sea, tú estabas como en Venezuela. Voy pa' Pepitos a comer unos pastelitos. Y así estaba yo ahí en el Doral, e iba y también tenían un restaurante que quiere comer arroz chino, quieres comer todo tipo de venezolano lo tenía ahí. Aquí hay un solo restaurante venezolano y no es bueno. Ok, este entonces es lo único que nos ha pegado un pelo que tú sabes que me provoca comer venezolano una arepita un patacón, una cosa y tú ibas. Pero no es algo de que tú digas me voy a morir, sino como.

It hasn't been hard because one gets used to everything. As I say, there are not as many Venezuelan restaurants as in Miami, obviously. There was one in every corner, you were in Venezuela. I'd go to Pepitos to have some pastelitos. That's where I was, in El Doral, they also had a restaurant where you could have Chinese rice, any kind of Venezuelan food you'd want, they had it. Here there is only one Venezuelan restaurant and it's not good. So yes, that's the only thing that we have missed a little...you know what Venezuelan food I feel like...an arepa, a plantain, and you had a place to go ... but it's not like you would die if you didn't have it...

A common trend among interviewees who live in low-density Venezuelan areas is that all of them noted that towns like Miami, Doral, and Katy, were some of the best places to access Venezuelan cultural elements. Theme 2 starts answering the second research question about whether the adaptation process is compromised when cultural elements are missing. It seems that the adaptation process is not compromised. All interviewees living in low-density areas seemed to accept their situation. They acknowledged that accessing cultural elements from Venezuela might be harder for them, but they can get around these challenges and are content where they live. Lastly, even though they may not always have access to these elements, many of the interviewees, if not all, still travel to the main Venezuelan enclaves to refuel, as Marisela put it, to “recargar” to recharge and reconnect.

Theme 3: Katyzuela and Doralzuela is not everyone's cup of guayoyo (a Venezuelan coffee): “Nosotros somos anti viveza criolla”

The main essence of theme 3 is that some participants noted that access to Venezuelan cultural elements served little to no function for them. Some interviewees noted that they don't always enjoy being in high density areas of Venezuelans because they associate the environment with perceived chaos and lack of order. The way interviewees expressed these ideas was through comparison. Most of the time a known Venezuelan enclave or city was mentioned, and they would compare it to either where they live or where they used to live. For example, Jose, a father of a high schooler, explained how they had ended up in Doral after living in Parkland, a very white and wealthy suburb northwest of Miami. He explained that they had moved to Doral because his daughter entered a specialized art school. Him and his wife had also lost a business in the Parkland area, which he thought would have done better in a city like Doral. Even though they lived in Doral, he emphasized that he did not like nor found it amusing the high Venezuelan density. Jose noted, that he was aware that his "apathy" towards Venezuela was uncommon. He also assured me that he would be okay if he were to leave Doral and go to a place like "Colorado or Ohio." He noted that the only thing that would be hard to adapt to would be the climate, other than that, he enjoys the "calm and order" non-Latino areas embodied.

Jose shared,

Nosotros nos mudamos al Doral porque mi hija entró a la escuela que te comenté, pero no queríamos vivir en el Doral. El Doral nos parecía vivir en Caracas, en una ciudad de Venezuela donde la gente toca corneta, la gente maneja mal y nosotros no queríamos eso. Y por eso nos pareció buenísimo ir a vivir a Parkland porque yo decía Jolanda no va a tener la mente del venezolano. De hecho, ella es americana, ella es gringa.

We moved to El Doral because my daughter got into school there, as I mentioned, but we did not want to live in El Doral. El Doral seemed like living in Caracas, a city in Venezuela where people toot the car horn, drive like crazy, and we did not want that. So that's why we thought that Parkland was wonderful to live in because I said that Johana was not going to have the mentality of a Venezuelan...In fact, she is American, she's a *gringa*.

Marisela, a mom of two living in Fulton, Georgia, had a similar reaction. When asked if she would rather live in a high-density Venezuelan area, she said no. She noted that rather than living in an area with high Venezuelan density, she would like to learn English so she can communicate in the predominately English-speaking community where she lives. She also made a comparison between where she lived and other well-known cities that have Venezuelan enclaves. She also noted that she has adapted well and enjoys where she lives. She explained,

Estoy en Atlanta, en el condado de Fulton. Es un área que es muy bonita. Es muy boscosa comparado con otros estados. Por lo menos a mí Texas me parece que es desierto. Es un área tranquila comparado con Miami. Orlando eso siempre es el bululú, eso parece Maracaibo chiquito. En cambio, Atlanta aquí en el condado de donde yo estoy es muy tranquilo. Es más, mi estilo, las cosas se llevan como que más calmada las personas no viven tan aceleradas.... me he adaptado bien. Como te decía, debe ser que hay poco latino comparado con otros estados, entonces eso todavía le da como más nivel.

I'm in Atlanta, in Fulton County. It's a very pretty area, lots of woods compared to other States. To me, at least, Texas seems like a desert, yes that's what it is. It's a quiet area in comparison with Miami. Orlando is always noisy and busy; it feels like a small Maracaibo. But Atlanta is where I feel good, in this county, it's more my style, things are more calm, people are not always in a hurry... as I told you, I've adapted well, there are not so many Latinos in comparison to other States, so that puts you on a better level.

The experiences of these interviewees challenge the notion that individuals who are immigrants will always find helpful or enjoyable environments that hold and celebrate their culture of origin. They offer a nuance perspective, which is that one can feel comfortable in both, Venezuelan and “American/gringo” environments.

There is a common Venezuelan phrase that has been thrown around for decades since Chavez first won elections. The phrase is, “estamos como estamos por como somos.” It translates to “*we are where we are (as a country experiencing the sociopolitical turmoil) because of how we are.*” In some ways, what the interviewees expressed here alludes to not want to engage with the same patterns and people from back home due to previous negative

experiences. For example, some interviewees that spoke on this theme, noted how they or someone they knew had been a victim of crime (assault, kidnap, etc.). Others noted how they had left Venezuela so rapidly that it was easier to just “adapt and forget.” Moreover, some Venezuelans were exposed to the U.S. well before they decided to emigrate. One of the many perceptions that some Venezuelans hold, is that the U.S. is a country where rules are followed, and Venezuela is not. “Aqui no hay ley” is another frequent phrase, “*there is no law here (in Venezuela).*” For some is easier, to fully adapt to the American, capitalistic system where they find themselves in. Instead of merging and finding balance, separation seems to be the best option for interviewees who hold these views.

Theme 4: Basic needs are the most important element for the adaptation process: “Money money for the American dream”

The essence of theme 4 was that the most important element for adaptation is being able to cover basic needs. All participants regardless of their opinions on the importance of accessing cultural elements from Venezuela, their location, and neighborhood characteristics, noted that the most important aspect and with the most influence in their adaptation process is covering and accessing their basic needs. Some of these include, financial stability, job stability, access to healthcare, and having the proper legal immigration documentation so they can work and move freely. All participants noted how they felt that they had to work twice as hard in order to make a living in the United States. Most of the in interviewees noted that even though they had gone to college back in Venezuela, they were all working in blue collard jobs and would constantly worry about money. Additionally, many of them noted that at times working too much got in the way of gathering with their family members, something that they used to do frequently back in Venezuela.

Adriana, a mother of two living in Orlando, reported being severely depressed when we completed the interview. Throughout her whole interview she spoke about the challenges around having access to a stable job, healthcare, and even access to education for her child. She had arrived less than a year ago by crossing the border and she worried about whether she had made the right decision about leaving Venezuela. She said that even though the access to basic needs was greater in the U.S, compared to Venezuela, having no job in the U.S. made it feel almost impossible to have access to any of her basic necessities. She explained,

Aquí uno con un trabajo estable puede acceder a muchas cosas que en Venezuela no. Pero la cosa es tener ese trabajo estable de que tu puedes ir a un supermercado y hay de todo, pero tiene que tener el dinero para ir a ese supermercado y comprar lo que tu quieras, que a veces en Venezuela tu tenías el dinero y no hallabas lo que querías comprar. Entonces en muchas de esas cosas. Así la salud. Bueno, aquí, ahí según un sistema de salud muy bueno, pero si no tienes documento no puedes acceder a ese sistema de salud. En Venezuela pues yo creo que ni con dinero puedes acceder, esta bien difícil todo eso allá.

Here with a stable job you can have access to much more than you can get in Venezuela. But the thing is to have that stable job so you can go to the supermarket and get everything, but you have to have the money to go to that supermarket and buy everything that you want. In Venezuela sometimes you had the money but could not find what you wanted to buy. So that's one of the many things. The health system is presumably a very good, but if you don't have the documents you cannot have access to that health system. In Venezuela I don't think that you can have that access even if you have money, everything is so very difficult there...

Camila, expressed similar feelings. She explained that her husband was the only breadwinner for their family of five. She noted that even though they have never missed a rent payment, and have been able to stay afloat, her husband works non-stop, many times without a day off. She went as far to say, that in her circle they call the U.S. “los esclavos unidos.” The literal translation for this phrase is, “the united slaves.” For obvious reasons, this is a very loaded phrase, however, it speaks to the magnitude of the pressure Camila feels about her husband being

able to provide for their family and how different the working conditions feel in the United States. Camila explains,

Mi esposo es el único que mantiene esta familia de cinco, y lo que hacía era puro delivery, al principio, pues entonces cómo hacíamos? Bueno, con mucha organización y nos alcanzaba para pagar los papeles del asilo, para pagar nuestras cosas. Nunca quedamos mal con ninguna renta. Yo le enviaba a mi mamá, el enviado a su mamá, este ahorrábamos un poquito, entonces eso no los permite allá. Eso sí no puedes tener ni un solo día libre. Entonces dices si, los esclavos unidos. Así le dicen ya están como los esclavos unidos, pero es que ya o sea, somos una familia de 5 hay que pagar alquiler, hay que pagar las demás cosas, hay que pagar el asilo, tenemos que comer Tantas cosas, me entiendes? A los que están en Colombia se morirían por trabajar como se trabaja aquí o los que están en Chile

My husband is the only one supporting this family of five, and, yes, at the beginning all he did was delivery, so how did we manage? Well, by being very organized we managed to pay for our asylum documents, and our stuff. We never defaulted on our rent. He sent some help to his mother, I sent some to my mother, we saved a little, we could not do that over there. But there was never a day of rest. United Slaves... That's what they call us, united slaves, but you understand that a family of 5, having to pay rent and everything else, the asylum documents, we have to eat. So many things...you understand? Those who ended up in Colombia or in Chile would die if they had to work as hard as we do here.

Adriana also spoke about how their family dynamics have changed due to the real need that people around her have about working. She repeated the need for a good job, access to healthcare, and proper legal documentation.

La cuestión de en cuanto a la convivencia familiar aquí se modifica mucho porque como la gente tiene que estar trabajando todo el día, a veces hay uno que trabajando en un día y otro de noche no hay como esa armonía, esa unión como hacía uno allá que uno trabaja de lunes a viernes, de 8 a 4, y entonces ya el viernes en la tarde te podías reunir con amigos o con la misma familia, o salías de viaje, te ibas un viernes por la tarde cuando salías del trabajo de viaje el fin de semana con tu familia. Aquí no se puede eso. No es lo mismo porque aquí todo el mundo anda en lo suyo. Yo por lo menos a mi hermano no lo veo casi y es porque él trabaja y todo así. Un buen trabajo, cuidado médico. La documentación. Más que todo las cosas básicas. Esas son las cosas que importan.

When it comes to family sharing, it is very different here because people have to work all day, sometimes one person works during the day and the other one at night, so there is no

harmony, the togetherness, like you have over there, working from Monday to Friday, 8-4, and then on Friday afternoon you could get together with friends or even the family, or you went on a trip leaving on Friday, for the weekend, you could spend with your family. You cannot do that here. It's not the same because here everybody concentrates on his own thing. I hardly ever see my brother because he also works, and that's how it goes. A good job, medical care, our documents, in addition to all the basic things. Those are the real important things.

Adriana's observation on how the family dynamics change also raises the question of how the constant worrying around basic needs gets in the way of connecting with cultural elements from Venezuela. When basic needs are constantly threatened there is not much room for experiencing anything else.

Chapter Six: Discussion

Quantitative discussion

The purpose of the present explanatory sequential mixed-method study was twofold. First, I sought to examine quantitatively the relationships between cultural stress and psychological symptoms (anxiety and depression), and how this relationship may be moderated by co-ethnic density and Latino/a density. Second, I used a qualitative approach to examine how the cultural/behavioral elements (access to food, cultural traditions, customs, and support from other Venezuelans, etc.) of the neighborhoods where Venezuelans immigrant parents are settling may help to explain the relationship between cultural stress and psychological symptoms. A sample of 131 Venezuelan immigrant parents completed the survey, and 6 of these participants completed the qualitative interview. The hypothesized relationships were examined through a Cultural Stress Theory lens, which suggests that immigrants report less discrimination and a more positive reception when the receiving context is more culturally similar to their country of origin than when the receiving context is more culturally dissimilar (Demes & Geeraert, 2015).

The present research questions are important to pursue given that Venezuelans have now become the fastest growing group of migrants in the United States. The United Nations (2022) also reported that Venezuelans are now largest group of refugees and crisis migrants worldwide. Examining Venezuelans in different receiving contexts in the U.S. is also important because, unlike earlier Venezuelan migrants who settled primarily in South Florida, current Venezuelan migrants are settling all around the United States. Because of changing economic conditions, difficulties accessing stable housing, struggles finding employment, and many other stressors, many have chosen alternative geographical locations in which to settle. Thus, it is important to

ascertain whether living in an area with more versus fewer Venezuelans and/or Latinos may help offset the effect of cultural stressors on mental health. Lastly, the present findings shed light on the experience of Venezuelan immigrant parents, who are often the decision makers in terms of whether and when to migrate. Further, prior research has suggested a relationship between parents' mental health and their children's behavioral health outcomes (Schaefer et al., 2017). Thus, understanding their experience is not only essential to develop preventative interventions for own their mental health, but also to foster improved family dynamics, which can then facilitate well-being among youth.

For the quantitative portion of the study, I hypothesized that both co-ethnic density and Latino/a density would significantly offset the link between cultural stress and psychological symptoms. I also expected that co-ethnic (Venezuelan) density would exert a stronger impact on the relationship between cultural stress and psychological symptoms than Latino/a density would. However, my results indicated that co-ethnic density did not play a significant role vis-à-vis any of the cultural stressors and mental health outcomes. Only one marginally significant effect emerged – psychological adaptation with depressive symptoms. Specifically, for participants in neighborhoods with a greater percentage of Latino/a residents, psychological adaptation was less strongly and negatively related to depressive symptoms. This finding suggests that participants in communities with fewer Latino/as would need to engage in greater efforts to adapt to the local U.S. culture. In such communities, participants who did not psychologically adapt were more likely to report higher depressive symptoms. Past research examining co-ethnic density effects among immigrant groups have also reported similar results (Miller et al., 2009; Vinokurov et al., 2020). These results suggest that the presence of other Latino/a individuals decreases the “work” required to acculturate – and that, in the absence of

other Latino/a people, Venezuelan immigrants must work harder to adapt to “mainstream” U.S. culture.

Psychological adaptation was also strongly and negatively associated with symptoms of both depression and anxiety. This finding suggests that participants who feel more “at ease” towards the new social and cultural elements of the U.S. are less likely to experience symptoms of depression and/or anxiety. The opposite is also true, those participants who report more difficulty around psychological adaptation are more likely to report symptoms of depression and anxiety. The scale used in the present study to measure psychological adaptation (Demes & Geeraert, 2014) targets experiences such as homesickness and feeling out of place, two experiences to which some participants alluded in the qualitative interviews as well. These findings shed light on how feelings of belonging and comfort can impact mental health outcomes. Furthermore, results also suggest the need for interventions that foster psychological adaptability and reduction of mental health symptoms.

The results for psychological adaptation call for future interventions to support immigrants settling in low density Latino/a areas in order to help them reduce the likelihood of developing depression related symptoms. Future interventions can include activities that both support their adaptation to the new local culture while also allowing them to remain connected to their culture of origin. For example, Miller et al. (2009) suggested having available easy access to translation services via phone, as well as having access to local/American media with foreign language subtitles to ease the language barrier while also exposing them to U.S. culture. Moreover, service providers working in lower density immigrant areas, such as policy makers, healthcare professionals, and social services professionals, should remain flexible and willing to

accommodating when interacting with immigrants living in lower immigrant density areas. For example, while conducting medical visits, providers may have to speak slowly, offer interpreter services, and provide more resources (food stamps, connection to other services etc.) if the person appears to need extra support. It would also be helpful for medical providers to assess mental health stressors and/or symptoms. Such assessment would allow to for mental health related symptoms to be addressed in the moment.

An unexpected finding from the present study was that discrimination and negative context of reception were significantly related to symptoms of depression but not anxiety, whereas psychological adaptation was negatively related symptoms of both depression and anxiety. One explanation for the lack of associations of discrimination and negative context of reception with anxiety may involve Temporary Protected Status, which was extended to Venezuelans in March 2021. For those Venezuelans who received this status, the anxiety around deportation was greatly reduced. Feeling excluded may still have been linked with sadness, but considerably less with worrying and apprehension. Moreover, another possible explanation to this finding is that much of the sample was collected during the midst of COVID-19. Most families in the U.S. were still not leaving their homes due to health concerns and COVID-19 lockdown protocols. Given the reduced contact with the outside world that many families in the study were experiencing at the time of the survey, exposure to discriminatory actions and situations, and environments where they may have felt unwelcomed may have been drastically reduced. Lastly, it is important to note that the COVID-19 pandemic and lockdowns affected and increased stress and mental health symptoms for many, especially feelings of anxiety and isolation – thus potentially increasing the likelihood that elevated depressive symptoms would occur (Angeles, 2022).

Qualitative discussion

The qualitative portion of the study was designed to increase our understanding of how access (or lack thereof) to cultural elements from Venezuela influences the adaptation process among Venezuelan immigrant parents. Additionally, qualitative results were intended to provide depth and to further explore the quantitative findings. Four themes emerged from the qualitative interviews: similarities and differences in participants' experiences, their perception of Venezuelan cultural elements, the differing degrees of access they have, and the importance of access to basic needs in the adaptation process.

Theme 1: Having access to cultural/behavioral elements was beneficial for the adaptation process of some participants

In Theme 1 *some* participants described how having access to cultural elements from Venezuela, such as access to food, cultural traditions, and other Venezuelan individuals, was beneficial for their adaptation process to the United States. Some described that having other Venezuelans around "calmed" them. It seemed that this contact with Venezuelan culture provided a form psychological comfort. Participants also spoke about the kinds of elements they had access to and how. Access to food through local supermarkets and stores were mentioned several times, as well as access to cultural events, similar to the ones they used to attend in Venezuela. Beyond psychological comfort, access to these elements and spaces seemed to serve several functionalities. Some are psychological, such as the joy and excitement one experiences when finding elements that one misses from home, whereas others are more practical, such as reaching out to other Venezuelans when one is in need of services. Results are in line with Ainslie (1998), who noted that immigrant community spaces mainly serve two functions. The

first is a psychological function, providing a sense of community, belongingness, and connection. Second, these communities can serve as source of support through sharing information, networking, and help transitioning to the new country. This theme highlights the importance of cultural spaces in a society that has increasingly become more gentrified. Maintaining accessibility to cultural elements may even be more important nowadays.

Given the increase number of Venezuelan across the U.S within the last two decades, Venezuelan enclaves have started to form. Two enclaves that were mentioned various times throughout the interviews, in both positive and negative ways, were Doral, Florida and Katy, Texas. Both of these enclaves are small cities outside large metropolitan areas such as Miami and Houston, respectively. Within these enclaves, accessibility of Venezuelan cultural elements appeared dependent on one's geographical location and the demographic make-up of the area. However, not all participants living in these enclaves appeared to enjoy the elements that these enclaves provide. Some participants noted that they did not care about accessing these elements and were more interested in experiencing the local culture. The relationship that participants had with cultural elements and the access (or lack thereof) therefore varied from individual to individual. Nonetheless, varying levels of access to culturally familiar individuals and items serves as an important reminder of what such access can mean and how it affects the overall adaptation experience and mental health.

Theme 2: When Venezuelan cultural elements are not easily accessible getting creative seemed to be the best option

One of the questions that the qualitative portion of the study examined was whether the adaptation process was compromised when cultural elements are either missing or not easily

accessible. Participants who live in low density Venezuelan areas such as Duluth, Georgia and Murfreesboro, Tennessee, noted that their access to Venezuelan cultural elements was limited. However, they were happily content with where they lived and had been able to find creative ways to access these elements. For example, for food supply they had found online platforms that deliver Venezuelan food, and they would also travel to bigger nearby towns, although this seemed like a rare instance. Aside from trying to find ways to access these elements in their day-to-day lives, most of the interviewees living in low density Venezuelan areas traveled when time and finances allowed to one of the Venezuelan enclaves in the U.S. such as Doral and Miami, Florida, and Katy, Texas. Many compared these U.S. Venezuelan hubs with actual Venezuelan cities such as Caracas and Maracaibo.

The creative ways in which participants seemed to adapt to their new environment raise the question of the degree to which cultural elements are necessary for the adaptation process. There is no doubt they are valuable and meaningful for *some*; however, it seems that they are not always essential. In short, the adaptation process does not seem to be drastically affected if cultural elements are missing. Participants are able to adapt and learn to live without these elements, and when they need them, they seek them out.

This theme highlights how individual differences play a role when interacting with the environment. Not having access to fellow Venezuelans or Latinos/as might push some individuals to adapt to “American culture.” Within the specific current sample, it seemed that many participants settled in very ethnically homogeneous places. As noted above, many of these places have less access to cultural elements and less immigrant density. One participant noted that a potential advantage was that the lack of ethnic density might push an individual to learn to

speaking English due to not being able to communicate in Spanish with most other community residents. Given the variations between individuals, Theme 3 touches on how some interventions may have to be more personalized and tailored depending on the individual. Participants expressing this theme missed cultural elements, but they expressed varying levels of comfort with this absence. Future research should explore and compare Venezuelans who seem to need cultural elements and those who are able to adapt without them.

Theme 3: Not all Venezuelans like Venezuelan enclaves nor need access to cultural elements

Theme 3 was one of the most interesting themes of the qualitative portion of the study. The main takeaway from this theme was that some participants reported that they did not need access to cultural elements from Venezuela. For this group of interviewees, these elements did not seem to hold a meaningful functionality as it did for those in theme 1. The reason as to “why” some of them reported these reactions seemed to be rooted in personal experiences, many of them negative. For example, two interviewees noted the lack of support they felt among Venezuelans, another one noted how he felt that Venezuelans took advantage and competed with one another and instead of helping each other. These negative instances had happened to them in both the U.S and in Venezuela. Yet, it seemed that it felt more hurtful when it happened in the U.S. due to the shared “immigrant struggle.” Thus, they were okay with keeping some sort of distance from the community and from Venezuelan cultural elements.

Theme 3 challenges the perspective that “all” Venezuelans derive benefits from immigrant enclaves and cultural elements. It is also a reminder that ethnicity does not always equate to culture nor to behavioral practices. The difference between interviewees in theme 2 and 3 is that those in theme 2 missed the elements and tried to attain them from time to time. Theme

3 poses the question of whether cultural elements are necessary at all. It seems that for some participants these cultural elements are quite important, whereas for others they are not. Future research should continue to examine this and how prior experiences, including those prior to migration, may shape these views.

Theme 3 also speaks to the great need that *some* individuals have to adapt to “American culture.” In some ways immigrant enclaves are protective, but due to the great comfort they provide from some, they can easily be isolating from the greater socio-political environment. Prior research has noted mixed findings regarding the positive and negative outcomes of living in an immigrant enclave (Xie & Gough, 2011). The present study results seemed to be aligned with previous research that has noted that internalizing ties with American culture seems to be more important for immigrants who live in neighborhoods where the concentration of immigrants is low (Miller et al., 2009). There seems to be a practical need to adapt that may be pushing some Venezuelans to go beyond their cultural niche and form ties with non-immigrant individuals. It is also important to note that there also seems to be some level of *choice* and individual variability behind the decision of whether or not they settle in high- or low-density areas. Moreover, for this particular sample of parents, the need to adapt to the greater culture might be higher because their children are also going through an acculturation process of their own. Thus, parents may feel the need to integrate more to the local culture in order to accompany their children or to be able to support them in the navigation of a new culture. This leaves a large gap for future research to fill, since the identity of those who are parents versus those who are not may also be playing a role in the adaptation process.

Theme 4: Basic needs are the most important element for the adaptation process

Theme 4 highlighted and emphasized that basic needs coverage is the most important element for the adaptation process. All interviewees, regardless of their relationships with Venezuelan cultural elements or where they lived, noted how important it was for them and their family to be able to afford basic necessities such as food, employment, healthcare, housing, and education. Most noted that accessing some of these basic needs was very challenging, especially because many of them are impacted by their immigration status, which does not allow them to work legally. This barrier renders the opportunities that they can pursue quite limited. Having access to basic needs is not only important for them as individuals, but all participants reported the profound desire to provide for their children basic needs. Theme 4 highlights the fact that, *regardless* of the access to cultural elements, if basic needs are not covered, access to cultural elements will serve no function whatsoever for them.

Facing challenges when accessing basic needs is not unique to this sample of Venezuelan immigrant parents. However, for Venezuelan immigrant parents and this sample specifically, downward social mobility occurred when they emigrated to the United States. Venezuelan immigrants in the U.S. tend to have a higher level of education compared to other immigrant ethnic groups (Schwartz et al., 2018), but still when they arrive to the U.S many still struggle to find employment, which undoubtedly plays an important factor when trying to cover one's basic needs.

Potential interventions to target this issue include working with organizations that serve immigrants to host workshops around accessing basic needs for vulnerable populations (food pantries, low-cost medical services, job fairs, case managers, etc.) as a way of providing a

thorough explanation while facilitating contact with other immigrants in similar situations. Schools may be another setting where workshops can be provided. Teachers and case workers may also represent available resources for parents. If workshops are not available, another option may be to provide handouts with links to resources. Prior studies examining Venezuelan immigrant parents' experiences noted that one of their motivations for immigrating involved facilitating their children's well-being (Vos et al., 2022). Many of the present interviewees noted that if their children were doing well, they felt better about being in the United States. Many noted their challenges understanding the U.S education system. Schools, local universities, and other organizations that work with immigrants could host "how to apply for college" workshops, which would help support immigrant parents supporting their children. All these resources and workshops should also take into account the various immigration statuses that may characterize this population.

Additionally, future research should examine how language may impact Venezuelan parents' ability to access basic needs within this immigrant community. Some participants in the interviews noted the challenges of not speaking English and how this language barrier affects their day to day. Interventions and resources should be provided in both English and Spanish. Moreover, having access to English classes or groups where immigrants can practice the local language would also be beneficial not only for accessing resources but also for other aspects of cultural adaptation.

Integrated discussion and implications

Both the quantitative and qualitative findings from the present study provide complementary results and conclusions. The most surprising quantitative finding was that

Venezuelan (co-ethnic) density did not play a significant role vis-à-vis any of the cultural stressors and mental health outcomes, but Latino/a density exerted a marginal moderating effect on the relationship of psychological adaptation and depressive symptoms. Specifically, for participants in neighborhoods with a greater percentage of Latino/a residents, psychological adaptation was less strongly and negatively related to depressive symptoms. Qualitative findings from participants living in low density areas confirmed and aligned with the quantitative findings. As previously mentioned in theme 2, participants living in low density areas have to be creative when trying to find Venezuelan cultural elements. They also explained that adaptation required *greater* efforts to learn the local culture, whereas those living in high density Latino/a high areas do not have to try as hard to adapt to American culture. For those living in Latino/a low density areas, language was one of the most important factors in the adaptation process. Several participants in the qualitative interviews noted how important being able to communicate in English is when trying to navigate their local communities. For Venezuelan immigrant parents living in low density Latino/a communities, speaking English (or not doing so) means being able to communicate (or not) at their children's school, allows them to have more opportunities when looking for a job, and facilitates connecting with other non-Spanish speaking individuals, among other advantages. Future research should examine the role of language in the adaptation process and how Venezuelan immigrants' English fluency impacts their access to physical and social resources. In the late 1990s and early 2000s, most Venezuelans arriving to the U.S were coming from wealthy backgrounds, and therefore many of these immigrants were fluent in English. As the demographics of this group of migrants continues to diversify, it will become more important to understand how the different language degrees affects their immigration experience.

One of the main qualitative findings is that having one's and their children's basic needs covered represents one of the most important aspects of the adaptation process, regardless of one's degree of access to cultural elements from one's country of origin. All participants in the qualitative interviews spoke on how important it was for them that their children's basic necessities are covered, "when my children are okay, I feel okay," some said. These results suggest that, for parents to adapt optimally to their new environment, basic needs *must* be covered. The ethnic composition of the settling neighborhood, and access to one's home country cultural elements, become secondary if basic needs are not covered. Moreover, both psychological adaptation and access to basic needs exert a strong influence on this population's mental health. As stated above, past research has emphasized the influential role of parental mental health on children's mental health and behavioral outcomes (Schaefer et al., 2017). This finding suggests that future researchers, clinicians, and policy makers should consider psychological adaptation and access to basic needs as important factors impacting the immigration experience of Venezuelan crisis migrant parents.

The results highlighting the importance of access to basic needs also suggest parallels to Maslow's (1943) hierarchy of needs. The first two needs that Maslow suggests are physiological (breathing, food, water, shelter, clothing, and sleep), and safety and security (health, employment, property, family and social stability), and the third set of needs involves love and belonging (friendship, family, intimacy, sense of connection). Many of the themes and overall findings from the present study can be organized within this hierarchy. The parallel within the results and the hierarchy of needs emphasizes how essential these basic elements are not only for the adaptation process, but also the overall well-being of this group of immigrants. Prior research has also noted the importance of access to basic needs in the post-COVID-19 era, especially

among immigrant communities who tend to be more vulnerable (Kiestler & Vasquez-Merino, 2021). A specific need within the basic needs hierarchy that immigrants tend to have, but that is not always acknowledged, is the need for legal documentation to stay freely in the United States. This is colloquially known among Venezuelan immigrants as “*los papeles*” (the papers), an extremely important piece in the immigration and adaptation experience. All participants in the qualitative interviews spoke about the challenges when it comes to finding ways to stay in the United States legally. Even though Venezuelans have been granted Temporary Protected Status (TPS), this protection comes with its own challenges and financial burdens – including hiring lawyers to navigate the process of applying for TPS. Thus, legal documentation is an important issue to consider when conducting research and working with the population. Lastly, some of the primary reasons that Venezuelan crisis migrants are fleeing the country include, political, economic, and street violence (Vos et al., 2021). This information connects with the present results because, by the time that Venezuelan migrants arrive to the U.S. most likely some of their basic and psychological needs may not have been covered for a while and their mental health might already be in a vulnerable state. Indeed, many Venezuelans emigrate with the hope of meeting these needs (Salas-Wright et al., 2022). Future policy, research, and interventions should also consider the prior conditions that this group is fleeing from so programs can be tailored to support them once they arrive in the United States.

The present study provided the first opportunity to observe the impact of census level variables (density) on mental health among Venezuelan immigrants. Future research should continue to examine at these variables to further understand how neighborhood characteristics play a role in the adaptation and acculturation process. Additionally, only a limited number of studies conducted with Venezuelan migrants in the U.S. have utilized a mixed method approach

(Vos et al., 2022). Adding a qualitative component to the present study was extremely valuable in that it provided some degree of understanding vis-à-vis the commonly endorsed narratives among participants regarding the adaptation process and how familiar cultural elements (or lack thereof), as well as other systemic variables, influence the acculturation process and Venezuelan immigrant mental health.

Limitations and Future directions

The present results should be interpreted in light of at least four important limitations. First, the small sample size in both the quantitative and qualitative portions most likely affected statistical power. Additionally, a bigger sample size in the qualitative interviews may have allowed for more negative case analysis and more variety in interviewee demographics. Out of the 6 interviewees, 5 were women and there was only one male. Similarly in the quantitative portion of the study, most of the participants were women. Second, as noted above, the majority of the sample was in Florida. A greater geographical representation would have allowed a richer examination vis-à-vis how co-ethnic density and Latino/a density impact the adaptation process across the United States. Third, some of the demographic information such as race (the way it is used and conceptualized in Venezuela), method of entry, and where in Venezuela the participant is from, was added after the proposal date. This means that I was not able to get this information from the majority of the sample. These variables would have allowed for a richer understanding of the diversity within this growing immigrant group. Additionally, another limitation within the demographics is that 75% of the sample held at least a Bachelor's degree. As the Venezuelan immigrant population continues to grow in the U.S., future research should consider adding these demographic variables to assessment batteries. Lastly, it is unclear whether the mental health symptoms that participants reported originated before migrating and worsened after migration, or

they originated after migration. Thus, future research should consider adopting a longitudinal design to assess mental health symptoms pre, during and post migration.

The current situation of Venezuelan crisis migrants continues to be dire. Due to the limited number of empirical studies, the landscape for future research on this group of migrants is vast. Future research should look at the experience of Venezuelan crisis migrants who are migrating alone. Even though many of them are coming in family units, the number of individuals crossing the border alone continues to increase daily. It would be interesting to see how the migration process varies when individual migrate by themselves. Additionally, future research should continue to look outside the well-known hub of South and Central Florida. Even though South Florida is known to be an epicenter for many Venezuelans, new data are starting to suggest that this group may be moving towards other areas of the country (Craig & Paúl, 2022). Moreover, examining the Venezuelan immigrant experience in other parts of the U.S. would allow researchers to examine how geography, regional context, politics, and other variables affect the adaptation experience. Moreover, many Venezuelans are also moving to other parts of the world aside from the U.S., such that cross cultural research on this population is much needed.

The impact of pre and during-migration symptoms should also be considered for future studies. Historically Venezuelans have arrived in the United States by air. However, since 2018-2019, more and more Venezuelans are arriving by land. With so many Venezuelans crossing the U.S.-Mexico border, many are being exposed to other stressors and traumatic experiences during their migration journey (Craig & Paúl, 2022). More recently, Shoer Roth (2022) noted that discrimination within the Venezuelan community has become an issue, especially between

Venezuelans who arrived in the early 2000s and those who have arrived recently. Even though discrimination did not yield significant outcomes in the present study, future work should consider examining how discrimination within the community is impacting psychological adaptation and mental health symptoms. Discrimination may also be related to the amount of support individuals are offering to each other. Lastly, strength-based variables should also be included in the ongoing conversation about migrants' adaptation process to the United States. A primary focus on stress, trauma, and distress, rather than on thriving and flourishing, represents a fundamental omission in immigration research (Cobb et al., 2019). Although examining stressors has made great contributions to the current body of literature, more strength-based variables are needed – not only to understand how they play a role in the adaptation process but also to promote the strength and resilience that crisis migrants bring to the United States.

Appendices Summary

Appendix A: Demographic questionnaire. This appendix provides all the demographic questions that were asked at the beginning of the survey. As a reminder, the data from the present study was taken from a larger ongoing longitudinal study.

Appendix B: Perceived Ethnic Discrimination Scale. This appendix provides all the items that appear in the perceived ethnic discrimination scale, one of the three components of cultural stress. The scale was translated to Spanish.

Appendix C: Perceived Negative Context of Reception Scale. This appendix provides all the items that appear in the perceived negative context of reception scale, one of the three components of cultural stress. The scale was translated to Spanish.

Appendix D: Sociocultural Adaptation scale. This appendix provides all the items that appear in the sociocultural adaptation scale. The scale was translated to Spanish.

Appendix E: Psychological Adaptation scale This appendix provides all the items that appear in the psychological adaptation scale. The scale was translated to Spanish.

Appendix F: General Anxiety Disorder-7 (GAD-7) scale. This appendix provides all the items that appear in the GAD 7. The scale was translated to Spanish.

Appendix G: Centers of Epidemiologic Studies Depression Scale (CES-D). This appendix provides all the items that appear in the CES-D. The scale was translated to Spanish.

Appendix H: Qualitative interview questions. This appendix provides all the interview questions that were asked in the semi-structured interviews with the 6 who completed the interviews.

Appendix A - Demographic questionnaire

1 What is your sex?

- Male (1)
- Female (2)
- Other (3)

2 How old are you as of today? (in years)

3 How many people, in total, live in the home with you? (Including you)

4 How many bedrooms are in your house?

5 How many children under the age of 18 live in the home with you?

6 What is your current marital status?

- Married (1)
- Living with someone (2)
- Widowed (3)
- Divorced (4)
- Separated (5)
- Never Married (6)

7 What city and state do you currently live in?

8 Where were you born? (Country name)

9 What was your income the last year before you moved to the U.S.? How would you rate that compared to the average income in your country of origin?

- Much lower than the average income (1)
- Slightly lower than the average income (2)
- Average income (3)
- Slightly higher than the average income (4)
- Much higher than the average income (5)
- Not Applicable/Did not work (6)

Display This Question:

If What was your income the last year before you moved to the U.S.? How would you rate that compared... = Much lower than the average income

Or What was your income the last year before you moved to the U.S.? How would you rate that compared... = Slightly lower than the average income

Or What was your income the last year before you moved to the U.S.? How would you rate that compared... = Average income

Or What was your income the last year before you moved to the U.S.? How would you rate that compared... = Slightly higher than the average income

Or What was your income the last year before you moved to the U.S.? How would you rate that compared... = Much higher than the average income

10 In your home country, what industry/field did you work in? (e.g. Medical/Health, Construction, Textiles, Business, etc.)

Display This Question:

If In your home country, what industry/field did you work in? (e.g. Medical/Health, Construction, Textiles, Business, etc.) Text Response Is Displayed

11 In your home country, what was your specific job title? (e.g. Restaurant Manager, Industrial Engineer, Elementary School Teacher)

Display This Question:

If SITE = 1

12 Which of these statements best describes your work situation when you lived in Venezuela ?

- Working full time, that is, 35 hours or more per week (1)
- Working part time, that is, less than 35 hours per week. (2)
- Unemployed or laid off and looking for work. (3)
- Unemployed or laid off and not looking for work. (4)
- Full-time homemaker. (5)

Something else: (6) _____

13 What is the highest grade or year of school that you completed in Venezuela?

- Never attended high school (1)
- Some diversified education/high school, but did not graduate (2)
- Completed diversified education/high school (3)
- Some College (no degree) (4)
- Associate's/Technical Degree (5)
- Bachelor's Degree (6)
- Master's Degree (7)
- Doctoral/PhD Degree (8)

14 What is your CURRENT monthly total household income?

- \$0-\$1000 (1)
- \$1000-\$3000 (2)
- \$3000-\$5000 (3)

- \$5000-\$10,000 (4)
- over \$10,000 (5)

15 Which of these statements best describes your present work situation?

- Working full time, that is, 35 hours or more per week (1)
- Working part time, that is, less than 35 hours per week. (2)
- Unemployed or laid off and looking for work. (3)
- Unemployed or laid off and not looking for work. (4)
- Full-time homemaker. (5)
- Something else: (6) _____

Display This Question:

If Which of these statements best describes your present work situation? = Working full time, that is, 35 hours or more per week

Or Which of these statements best describes your present work situation? = Working part time, that is, less than 35 hours per week.

16 What is your CURRENT job title? (e.g. Restaurant Manager, Cleaner, Account Manager)

17 What date did you arrive in the United States? (Please pick the first if you do not know the day)

18 How well do you speak English?

- Very Poorly (1)
- Poorly (2)
- Well (3)
- Very Well (4)
- Like a Native Speaker (5)

19 Before moving to the US, had you ever traveled to the United States?

- Yes (1)
- No (2)

Display This Question:

If Before moving to the US, had you ever traveled to the United States? = Yes

20 Prior to moving, how long would you say you had spent in the United States, in total?

- Less than 1 month (1)
- 1-3 months (2)
- 4-6 months (3)
- 7-9 months (4)
- 10-12 months (5)
- Between 1 and 2 years (6)
- Between 2 and 3 years (7)
- Between 3 and 4 years (8)
- Between 4 and 5 years (9)
- Five years or more (10)

21 Have you or your spouse applied for asylum?

- Yes (1)
- No (2)
- Unsure (3)

22 This survey is going to ask you questions about your child. When it asks about your child, it means the child that is taking the survey with you.

23 What is your relationship to the child in this study?

- Mother (1)
- Father (2)
- Grandmother (3)
- Grandfather (4)
- Stepmother (5)
- Stepfather (6)

Other: (7) _____

Questions added after dissertation proposal (June 2021)

How did you arrive to the U.S?

- By plane
- Crossed the border
- Other (explain)

The following list and definitions were taken from the Venezuelan census. Please identify your race.

- Black:** Is a person with strongly pigmented skin, very curly hair, flat nose and thick/fleshy lips. They may have cultural traits of African origin, even if they do not identify them as such
- Afrodescendent:** Descendants from African people who survived the black slave trade, are a part of the African diaspora in the Americas and the Caribbean and/or is the person who sees in him/herself the African descent on the basis of his/her perception, valuation and the balance of the historical, generational, territorial, cultural and/or phenotypic components
- Moreno/Morena:** Is a person with less marked phenotypic characteristics than those defined as negros. It is a term that, in some contexts, might be used to soften the discriminatory implications that being a black person implies.

- **White:** Persons whose skin tone is light and, therefore, are usually associated with people of European origin. While it literally implies such external characteristics as light skin, shape and color of hair and eyes, among others, “white” has been used in different historic periods and places. Just as other common words used for human ethnicities, its precise definition is somewhat unclear.
- **Indigenous**
- **Other**

Appendix B – Perceived Ethnic Discrimination Scale

	Never (1)	At least once a year (2)	At least once a month (3)	At least once a week (4)	Daily or nearly daily (5)
How often do teachers or employers treat you unfairly or negatively because of your ethnic background? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do people your age treat you unfairly or negatively because of your ethnic background? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do other people (such as police and store employees) treat you unfairly or negatively because of your ethnic background? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel that others behave in an unfair or negative way toward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

your ethnic
group?
(4)

To what
extent do you
feel that you
are not
wanted in
American
society?
(5)

To what
extent do you
feel that you
are not
accepted by
other
Americans?
(6)

To what
extent do you
feel that other
Americans
have
something
against you?
(7)

Appendix C: Perceived Negative Context of Reception Scale

	Strongly Disagree (1)	Disagree (2)	In the Middle (3)	Agree (4)	Strongly Agree (5)
I don't have the same chances in life as people whose families are from other countries. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People from my family's country are not welcome here. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family and I would be treated better if we were more like other immigrant groups. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to get a good job because of where I am from. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employers treat people from my country differently than they treat people from other countries. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in this country often criticize people from my family's country. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix D: Socio-cultural adaptation scale

Instructions: Think about living in *[host country name]*. How easy or difficult is it for you to adapt to:

- Anchors:
- 1 very difficult
 - 2 difficult
 - 3 somewhat difficult
 - 4 neither
 - 5 somewhat easy
 - 6 easy
 - 7 very easy

- Items:
- 1 **climate** (temperature, rainfall, humidity)
 - 2 **natural environment** (plants and animals, pollution, scenery)
 - 3 **social environment** (size of the community, pace of life, noise)
 - 4 **living** (hygiene, sleeping practices, how safe you feel)
 - 5 **practicalities** (getting around, using public transport, shopping)
 - 6 **food and eating** (what food is eaten, how food is eaten, time of meals)
 - 7 **family life** (how close family members are, how much time family spend together)
 - 8 **social norms** (how to behave in public, style of clothes, what people think is funny)
 - 9 **values and beliefs** (what people think about religion and politics, what people think is right or wrong)
 - 10 **people** (how friendly people are, how stressed or relaxed people are, attitudes towards foreigners)
 - 11 **friends** (making friends, amount of social interaction, what people do to have fun and relax)
 - 12 **language** (learning the language, understanding people, making yourself understood)
-

Note. *[country name]* = e.g., Germany, China, America

Appendix E: Psychological Adaptation scale

Instructions: Think about living in *[host country name]*. In the last 2 weeks how often have you felt:

- anchors:
- 1 never
 - 2 very rarely
 - 3 rarely
 - 4 sometimes
 - 5 frequently
 - 6 usually
 - 7 always

- Items:
- 1 excited about being in *[host country name]*
 - 2 out of place, like you don't fit into *[host country adjective]* culture (r)
 - 3 sad to be away from *[home country name]* (r)
 - 4 nervous about how to behave in certain situations (r)
 - 5 lonely without your *[home country adjective]* family and friends around you (r)
 - 6 homesick when you think of *[home country name]* (r)
 - 7 frustrated by difficulties adapting to *[host country name]* (r)
 - 8 happy with your day to day life in *[host country name]*
-

Note. (r) = reverse score item

[country name] = e.g., Germany, China, America

[country adjective] = e.g., German, Chinese, American

Appendix F: General Anxiety Disorder-7 (GAD-7) scale

Over the last two weeks, how often have you been bothered by the following problems?

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Feeling nervous, anxious, or on edge. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix G: Centers of Epidemiologic Studies Depression Scale (CES-D)

Q33.1 Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week

	Rarely or none of the time (1)	Some or little of the time (2)	Moderately or much of the time (3)	Almost all the time (4)
I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People were unfriendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoyed life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that people disliked me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not get going.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix H: Qualitative interview questions

1. ¿Por qué escogió mudarse a donde se mudo? ¿Que la motivo a mudarse a XYZ? ¿Ha vivido en otras partes?
2. Como ha sido su experiencia como inmigrante
3. ¿En general en su día a día como se siente viviendo donde vive?
4. ¿Como describiría su proceso de adaptación a su ciudad actual?
5. ¿Como cree que donde vive ha afectado su proceso de adaptación?
6. ¿Hay cosas de donde vive que le recuerdan a Venezuela?
7. ¿Como la ha ayudado o dificultado en donde vive?
8. ¿Con que frecuencia tiene contacto con otros venezolanos? ¿Interactúa con ellos?
9. ¿Tiene acceso a elementos culturales de su país? (comida, tradiciones, musica) eso es importante para usted?
10. ¿Hay otras ciudades donde viajan para acceder elementos culturales?
11. ¿De que maneras el lugar donde vive se parece a donde vivía en Venezuela? (si es que se parece) -- *De que manera su situación actual de vivienda se parece a su vida/situación de vivienda en Venezuela?** en diferentes ámbitos, familia, vecindario
12. ¿De que maneras el lugar donde vive es diferente?
13. ¿Hay algún modo de que vivir en esta afecta su salud mental?
14. ¿Con que frecuencia tiene contacto con otros latinos u otros inmigrantes? ¿Interactúa con ellos?
15. Cuales son algunos espacios/tradiciones, actividades que lo ayudan a mantener su identidad como venezolano?
16. ¿Que idioma habla más? – Explicar porque
17. ¿Hay situaciones, lugares del lugar donde vive que lo han ayudado a su proceso de adaptación de Venezuela a los Estados Unidos?
18. ¿Ha tenido casos de discriminación?
19. ¿Como se siente con los americanos?

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