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Transactional Experiences of Discrimination, Depressive Symptoms, and Ethnoracial Socialization in Mexican-Origin Families

Jun Wang[1], Jinjin Yan[2], Xin Li[3], Yishan Shen[4], and Su Yeong Kim[5]

[1] Department of Agricultural Leadership, Education and Communications, Texas A&M University
[2] Department of Psychology, Fordham University
[3] Department of Educational Psychology, Texas A&M University
[4] School of Family and Consumer Sciences, Texas State University
[5] Department of Human Development and Family Sciences, University of Texas, Austin

Racial–ethnic discrimination is a prevalent stressor for Mexican-origin individuals that potentiates health inequities in depressive symptoms. However, existing research has primarily focused on individual-level associations between discrimination and depressive symptoms, neglecting the interdependent nature within family systems. Little is known about how one family member's discriminatory experiences relate to the depressive symptoms of others. Although ethnoracial socialization may disrupt the link from discrimination to depressive symptoms, how different ethnoracial socialization practices operate and influence parents themselves have not been examined. This study examines the associations among discriminatory experiences, depressive symptoms, and ethnoracial socialization among 604 Mexican-origin adolescents and their parents from low-income families. The findings revealed intraindividual and interindividual discrimination–depressive symptoms associations. Parental ethnoracial socialization's role in the link varied over time, individuals, and practices. Mental health research and services should consider shared and nonshared experiences among family members and adopt personalized approaches to support different family members.

Public Significance Statement

This study advances knowledge regarding how different types of parental ethnoracial socialization function for the discriminatory experiences and depressive symptoms within and across family members. The findings highlight the importance of integrating the family systems and developmental perspectives in supporting the mental health of Mexican-origin youth and parents.

Keywords: family interactions, transactional experiences, depressive symptoms, discrimination, ethnoracial socialization

Supplemental materials: https://doi.org/10.1037/dev0001887.supp

Among the 60.5 million Latinx living in the United States, 37.2 million (61%) are Mexican origin (Statista Research Department, 2021). Racial–ethnic discrimination represents unfair treatment to minoritized racial–ethnic groups (Martin Romero et al., 2022). It is a prevalent stressor for Mexican-origin individuals (Vandermaas-Peeler et al., 2018) that potentiates health disparities in their depressive symptoms (Daly, 2022). Mexican-origin individuals are also disproportionally affected by poverty (Lesser & Batalova, 2017;

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Jun Wang https://orcid.org/0000-0003-4485-7201

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Correspondence concerning this article should be addressed to Jun Wang, Department of Agricultural Leadership, Education and Communications, Texas A&M University, TAMU 2116, College Station, TX 77843-2116, United States. Email: jun.wang@tamu.edu

Macartney et al., 2013), facing even heightened levels of discrimination and mental health challenges (Polo & López, 2009). Extant research mainly examined the associations between discriminatory experiences and depressive symptoms as individualistic rather than interdependent and embedded processes within the family system. Most studies relied exclusively on youth report and focused on youth outcomes (Umberson & Thomeer, 2020). Although intergenerational transmission and clustering of mental health risks have been frequently identified in Mexican-origin families (Vega & Sribney, 2011), whether and how one family member's discriminatory experiences are associated with depressive symptoms of other family members has rarely been examined.

Meanwhile, ethnoracial socialization, the type of socialization that families of color practice to help children adjust in the racialized society, represents specific family interaction that centers on race/ethnicity and engenders the sharing of discriminatory and emotional experiences among family members (James et al., 2018). Ethnoracial socialization has the potential to help individuals of color cope with discrimination and depressive symptoms. Yet variation in ethnoracial socialization practices may differentially operate in the discrimination–depressive symptoms link (Hughes et al., 2006). How ethnoracial socialization practices play a role in discrimination–depressive symptoms associations among family members and how these processes vary by time, practice, and family roles remain to be elucidated. Therefore, the present study used longitudinal data from Mexican-origin fathers, mothers, and adolescents across 5 years to examine the associations among discrimination and depressive symptoms, as well as the role of parents' ethnoracial socialization practices.

Discrimination–Depressive Symptoms Associations

Racial–ethnic discrimination threatens the health and well-being of both youth and adults from minority backgrounds (Priest et al., 2013). According to a national survey with young people aged between 15 and 24 (Vandermaas-Peeler et al., 2018), 71% of the respondents with Hispanic origins had personally experienced or had seen someone experience racial discrimination. Meanwhile, young people with Hispanic origins suffered from the highest rates of depression of any racial/ethnic group in the United States (Daly, 2022). Mexican-origin individuals from low socioeconomic backgrounds are even more vulnerable as they face multiple intersecting forms of discrimination (e.g., racial/ethnic and economic discrimination) and experience even higher rates of mental health issues (Conger et al., 2012).

Discrimination–Depressive Symptoms Associations Within Individuals

The positive association between discriminatory experiences and depressive symptoms has been firmly established in the literature through both cross-sectional and longitudinal studies for individuals across age groups and from diverse backgrounds (e.g., Cave et al., 2020; Finch et al., 2000; Priest et al., 2013). Such discrimination–depressive symptoms associations were largest for Asian Americans and Latinx Americans (Paradies et al., 2015). Compared to racial/ethnic minority adults, racial/ethnic minority youth under age 16 were particularly vulnerable to such discrimination–depressive symptoms association (Lee & Ahn, 2013). Such association also persisted above and beyond the effects of other competing stressors, including socioeconomic disadvantages, family conflicts, and acculturative stress (Han, 2014).

Discrimination–Depressive Symptoms Associations Across Family Members

Although extant studies mainly examined discrimination–depressive symptoms associations within individuals, the "linked lives" concept from life course theory highlighted the interconnectedness and interdependence of individual experiences through shared relationships, such as among family members (Elder, 1998). As individuals and families are both open, dynamic, and holistic systems that evolve through ongoing person-context interactions (Davies & Cicchetti, 2004; Overton & Lerner, 2014), family members are embedded in transactional processes with others in the family to influence and be influenced by each other's experiences (Sameroff, 2009). In particular, Mexican-origin individuals tend to have strong collectivist and familism orientations, such that family members are prone to go through acculturation and corresponding psychosocial experiences together (Martin Romero et al., 2022). Building on the "linked lives" concept (Elder, 1998) and the racism-related stress model (Harrell, 2000), Martin Romero and Stein (2023) unpacked distinct forms of family-level vicarious racism in U.S. Latinx families, such as coexperiencing, witnessing, or hearing about other members' discriminatory experiences. They found that the existing literature inadequately captures the diverse forms of family-level discriminatory experiences and the distinct ways these experiences are associated with different family members' psychosocial and biobehavioral responses.

Some research has documented the associations between parents' discriminatory experiences and children's depressive symptoms. For example, using 4-year longitudinal data on parent–adolescent dyads from diverse racial/ethnic and immigrant backgrounds, Huynh et al. (2021) found parental discriminatory experiences to predict adolescents' depressive symptoms. Similarly, Mexican immigrant parents' discriminatory experiences predicted greater internalizing symptoms and lower self-esteem of their adolescent children 1 year later (Espinoza et al., 2016). In another study involving Mexican-origin fathers, mothers, and adolescents, although no direct associations were found between parents' discriminatory experiences and adolescents' mental health, the discriminatory experiences of fathers, rather than mothers, were found to exacerbate the discrimination–depression link in youth (Park et al., 2018). These studies collectively documented the direct and indirect harm that parents' discriminatory experiences may have on their adolescent children's depressive symptoms. One study to our knowledge has also documented the effect from children to parents. For African American parents, the more they witnessed or learned about their adolescent children's discriminatory experiences, the more depressive symptoms they reported (Holloway & Varner, 2023).

Therefore, transactional discrimination–depressive symptoms associations among family members have been observed. But such studies are rare in general, especially lacking attention to these transactional experiences among all three family members of fathers, mothers, and children. Moreover, a handful of studies have found the associations between discrimination and health outcomes to vary by developmental period, yet such investigations are too few

to draw any firm conclusions (see detailed reviews in Cave et al., 2020). To deepen the understanding of discrimination–depressive symptoms associations in families of Mexican origin, this study examined whether every family member's discriminatory experiences were associated with their own and every other family members' depressive symptoms, both concurrently and longitudinally.

Ethnoracial Socialization and the Discrimination–Depressive Symptoms Associations

Facing persistent and prevalent discrimination, racial/ethnic minority individuals and families are conscious about their racial/ethnic identity as they interact with individuals within and beyond the family. Literature consistently pointed out that ethnoracial socialization is a salient and unique family process of racial/ethnic minorities, characterizing their individual development and family functioning (James et al., 2018). Societal and personal discriminatory history have been considered as a major factor that motivates and prepares parents to engage in ethnoracial socialization with their children (Hughes et al., 2006). Both qualitative and quantitative research with Latinx youth and families has lent support to the association between parents' discriminatory experiences and their ethnoracial socialization with their children (see detailed review in Ayón et al., 2020).

Types of Ethnoracial Socialization

Major types of ethnoracial socialization include *cultural socialization*, *preparation for bias*, *promotion of mistrust*, and *egalitarianism* (Hughes et al., 2006; M. T. Wang et al., 2020). *Cultural socialization* refers to familial transmission of racial/ethnic history and traditions. *Preparation for bias* refers to parents' promotion of children's awareness and coping strategies when facing discrimination. *Promotion of mistrust* emphasizes the need for wariness and distrust in interracial interactions. *Egalitarianism* teaches youth not to attend to race or ethnicity in social interactions. As *cultural socialization* and *preparation for bias* are most practiced and examined, whereas *promotion of mistrust* and *egalitarianism* are less used by parents (Hughes et al., 2006) and less examined in connections to psychosocial outcomes (M. T. Wang et al., 2020), especially in U.S. Latinx families (Ayón et al., 2020), this study focused on *cultural socialization* and *preparation for bias* to align with established research highlighting their importance for minoritized families. Findings on *cultural socialization* are largely consistent in its association with positive outcomes in youth of color from various racial/ethnic backgrounds, especially concerning racial/ethnic identity (Hughes et al., 2006; M. T. Wang et al., 2020). For youth from Mexican-origin families, *cultural socialization* promoted ethnic knowledge, belongingness, preference, and pride, which were further associated with positive academic, psychological, social, and mental health outcomes (Kiang et al., 2005; Liu & Lau, 2013; Umaña-Taylor et al., 2009, 2014). The findings on *preparation for bias* are mixed among racial/ethnic diverse youth (M. T. Wang et al., 2020). Among Latinx populations, Park et al. (2020) found no significant relation between *preparation for bias* and Mexican-origin adolescents' mental health. Liu and Lau (2013) found it to be positively associated with depressive symptoms of Latinx youth. Thus, the large body of literature generally documented benefits of *cultural socialization* and mixed effects of *preparation for bias*.

Chen et al. (2021) and M. T. Wang et al. (2020) pointed out that the mixed findings on the effects of *preparation for bias* might be due to the unidimensional use of this construct in most studies, without distinguishing *bias awareness* and *bias coping* as two distinct facets of *preparation for bias*. Differentiating the two dimensions is necessary as parents may only practice one dimension, such as sharing discriminatory experiences without coaching coping strategies. Although both *bias awareness* and *bias coping* socialization represent *preparation for bias*, *bias coping* socialization may promote more active than passive coping and associate with depressive symptoms in different ways as compared to *bias awareness* socialization. As Latinx parents commonly engage in multiple types of ethnoracial socialization simultaneously (Ayón et al., 2020) and the combination of higher levels of *cultural socialization*, *bias awareness*, and *bias coping* socializations promoted the well-being of Mexican-origin youth (Chen et al., 2021), how multiple types of ethnoracial socialization function together through similar or distinct processes is worth exploring.

Potential Mediating Role of Ethnoracial Socialization in Discrimination–Depression Link

Existing literature on the three constructs of discrimination, ethnoracial socialization, and depressive symptoms has predominantly focused on ethnoracial socialization as potential moderators in the association between discrimination and depressive symptoms. For instance, studies have highlighted how cultural socialization and preparation for bias can mitigate the adverse effects of discrimination on the well-being of Black youth (see Jones & Neblett, 2017; Umaña-Taylor & Hill, 2020, for reviews). However, discriminatory experiences of oneself and other family members may motivate parents to engage in ethnoracial socialization, which may further influence the depressive symptoms of family members. Yet, the potential mediating role of ethnoracial socialization in the association between discrimination and depressive symptoms has yet to be examined. The complementary dual processes of "rejection–(dis)identification" (Mazzoni et al., 2020) are particularly relevant and helpful for conceptualizing these associations, although the "rejection–(dis)identification" models are originally focused on racial/ethnic identity development and have not been applied to ethnoracial socialization and the discrimination–depressive symptoms associations. Specifically, the rejection–identification model suggests that discriminatory experiences based on one's minority group membership can motivate individuals to identify more strongly with their stigmatized racial/ethnic group so as to cope with the pain from discrimination and maintain their well-being (Branscombe et al., 1999). Based on this identification process, discriminatory experiences may motivate parents to practice *cultural socialization*, which centers on racial/ethnic pride and identity, and may help decrease depressive symptoms caused by discrimination for both the socialization agent (e.g., parent) and the socialization recipient (e.g., adolescent). In contrast, the rejection–disidentification model suggests that racial discrimination may decrease minority members' identification with the majority group, which may undermine their well-being (Jasinskaja-Lahti et al., 2009). Based on this disidentification process, discriminatory experiences may motivate parents to engage in the ethnoracial

socialization of *preparation for bias*, which centers on distance from and mistrust with the privileged majority group, and may increase minority individuals' depressive symptoms caused by discrimination for both the socialization agent (e.g., parent) and the socialization recipient (e.g., adolescent). Therefore, the complementary dual processes of "rejection–(dis)identification" (Mazzoni et al., 2020) can help explain the potentially varied mediating processes of different types of ethnoracial socialization in the discrimination–depression link among family members.

A longitudinal approach is also essential in this line of research as parental practice of ethnoracial socialization, as well as the effects of ethnoracial socialization, has been found to be sensitive to the developmental periods of youth (Ayón et al., 2020; Hughes et al., 2006; M. T. Wang et al., 2020). For example, in African American families, mothers were found to engage in more *preparation for bias* with their older children than with their younger children (McHale et al., 2006). Across systematically reviewed studies on ethnoracial socialization in racially diverse families, the association between ethnoracial socialization and youth self-perceptions was stronger during early adolescence than during other developmental periods (M. T. Wang et al., 2020). Whether and how the associations between discriminatory experiences and ethnoracial socialization and between ethnoracial socialization and depressive symptoms vary by developmental periods remain to be elucidated.

The Present Study

The first focus of the present study was to examine the associations between discrimination and depressive symptoms among Mexican-origin family members from low-income backgrounds. We expected the discrimination and depressive symptoms associations to be observed both within individuals and across individuals. That is, discriminatory experiences of each family member were expected to be associated with their own depressive symptoms as well as with other family members' depressive symptoms. We also expected these within-person and between-person associations to be observed both within time and over time. That is, besides concurrent discrimination–depressive symptoms associations, we also expected earlier discriminatory experiences to predict later depressive symptoms both within and between family members.

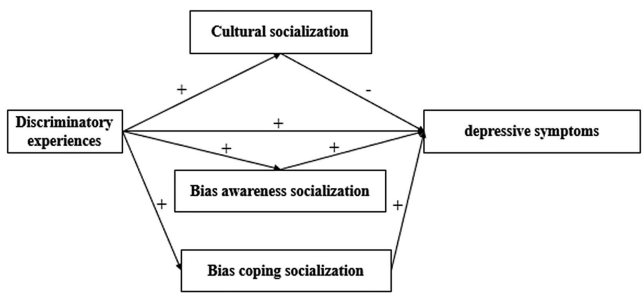
The second focus of the study was to explore the potential mediating effects of three types of ethnoracial socialization in the discrimination–depressive symptoms associations among family members. We took recommended steps to examine conditions required for mediation analysis (Baron & Kenny, 1986). In the first step, we focused on the association between family members' discriminatory experiences and parental ethnoracial socialization. We expected the discriminatory experiences of each family member to be positively associated with each type of ethnoracial socialization of both fathers and mothers, both concurrently and longitudinally. Although this first step is not considered necessary to proceed with mediation analyses (Shrout & Bolger, 2002), we included it to reveal the potential associations between family members' discriminatory experiences and parents' ethnoracial socialization and to inform mediation models below. In the second step, we focused on the association between parental ethnoracial socialization and family members' depressive symptoms. We expected parents' cultural socialization to be negatively associated with family members' depressive symptoms, both concurrently and longitudinally. We also expected the socialization of *bias awareness* and *bias coping* to be positively associated with family members' depressive symptoms, both concurrently and longitudinally. In the third step, as informed by results from the previous steps, we intended to conduct multiple mediation models to examine how the three types of ethnoracial socialization simultaneously mediated the discrimination–depressive symptoms associations within and among family members. Among the three constructs, we applied the "rejection–(dis)identification" models to test the mediations as shown in Figure 1. Consistent with the expectations from the previous steps, discriminatory experiences were expected to be positively associated with all three types of ethnoracial socialization. Cultural socialization was expected to be negatively associated with depressive symptoms. The socialization of *bias awareness* and *bias coping* was expected to be positively associated with depressive symptoms. Based on the results from the above-noted analyses on pairwise associations among discriminatory experiences, ethnoracial socialization, and depressive symptoms within and between family members and within and over time, we intended to test the mediation model within and between family members and within and over time.

Researcher Positionality

As a team of bilingual researchers with diverse immigration histories, our collective expertise in conducting developmental science research centered on families of color, particularly regarding racialized stressors, coping processes, cultural resources, and health outcomes, is informed by our own lived experiences and academic backgrounds. The first and fourth authors are both first-generation immigrants from China and parents of Chinese American children. Working at Hispanic-serving institutions in Texas, they engage in community-based participatory research with youth and families of Mexican origin. Their personal experiences with immigration, acculturation, and parenting parallel those of the study participants, allowing them to deeply empathize with and understand the nuances of racial–ethnic discrimination, depressive symptoms, and family dynamics in these contexts. This alignment has enabled them to interpret the participants' experiences with

Figure 1

Conceptual Model for Multiple Mediations of Ethnocidal Socialization in the Association Between Discriminatory Experiences and Depressive Symptoms



Note. + and – signs represent anticipated positive and negative associations among the variables. The signs only indicate the direction of the association.

cultural sensitivity and insight. The second and third authors received their graduate training as international students at Hispanic-serving institutions in Texas. Their exposure to peers and community members of Hispanic origin has enriched their understanding of the cultural contexts and lived realities of the families we study, enhancing the cultural relevance and depth of our research. The last author, who grew up in a Korean immigrant family in Southern California, experienced firsthand the intersections of multiple immigrant communities, including the prolific Mexican culture of Southern California. These formative experiences in a diverse, multicultural environment have equipped this author with a unique perspective on the shared and distinct challenges faced by immigrant families, particularly in navigating cultural identities and coping with racial–ethnic discrimination. Together, our team brings over 31 years of collective expertise in studying the acculturation and developmental experiences of Latinx/Hispanic youth, parents, and families. We approach this research with a deep commitment to supporting the health and well-being of families of color through a more nuanced understanding of how families navigate acculturation challenges and leverage cultural resources to foster resilience and well-being.

Method

Participants

Participants were 604 Mexican-origin immigrant families ($N_{adolescents} = 604$, $N_{mothers} = 595$, $N_{fathers} = 293$) recruited from a metropolitan city in central Texas, United States. At Wave 1 (2012–2015), adolescents ($N_{female} = 328$, $N_{male} = 276$) were in sixth–eighth grades, and their ages ranged from 11.08 to 15.30 years ($M_{age} = 12.92$, $SD = 0.92$). Approximately 75.3% of the adolescents ($N = 455$) were U.S.-born, while most parents were Mexico-born (father 98.6%, mother 99.3%). The mean and median household income was between $20,001 and $30,000. The mean and median of both mothers' and fathers' highest education level was some middle/junior high school.

Approximately 80% of families ($N = 483$) were retained at Wave 2 (2013–2016), and 55% of families ($N = 334$) were retained at Wave 3 (2017–2020, before the widespread COVID-19 pandemic). On average, the time interval was about 1 year between Waves 1 and 2 and was about 4 years between Waves 2 and 3. The retention rates differed across family members. Specifically, from Wave 1 to Wave 2, the retention rates were 80.00% for adolescents, 80.81% for mothers, and 65.53% for fathers. From Wave 2 to Wave 3, the retention rates were 69.15% for adolescents, 68.54% for mothers, and 59.90% for fathers. Attrition analyses were conducted at Waves 2 and 3 to compare all key variables of participants who stayed in the project versus those who had dropped out. The results reveal that families who remained at Wave 2 were more likely to have higher parental education levels than those who left the project at Wave 2, $t_{mother}(591) = 2.41$, $p < .05$, $t_{father}(291) = 3.13$, $p < .01$. Adolescents who reported a younger age at Wave 2 were more likely to remain in the study at Wave 3, $t_{age}(481) = 2.96$, $p < .01$. No differences in other key study variables (i.e., racial discrimination, depressive symptoms, racial/ethnic socialization) were found by attrition for fathers, mothers, or adolescents.

Procedure

Target participants were recruited through school presentations, public records, and community recruitment in central Texas. Families qualified for participation if parents were of Mexican origin and had a child in middle school. A family visit was scheduled for families who qualified for participation. During the family visit, informed consent and informed assent were provided with parents and adolescents. Bilingual interviewers then administered the questionnaires separately for parents and adolescents, reading questions aloud to participants and recording participants' responses on a laptop computer. Each parent was paired with an interviewer, and the interviewer read questions aloud to participants while the interviewer would enter responses on a laptop computer. All mother–interviewer or father–interviewer pairs were not within hearing range of each other so that the responses could be confidential. Both English and Spanish surveys were presented together for participants, so that participants could have the option of the other language for any specific question. Participating families were compensated $60 at Wave 1, $90 at Wave 2, and $90 at Wave 3.

Measures

Experiences of Discrimination

Fathers', mothers', and adolescents' experiences of racial discrimination were measured using nine items adapted from the Chronic Daily Discrimination Scale (Kessler et al., 1999) at Waves 1, 2, and 3. Each family member rated their discriminatory experience on a scale of 1 (*never*) to 4 (*frequently*) about how often they had the experience on a daily basis. Sample items included "I am treated with less courtesy than other people because I am Mexican" and "I receive poorer service than other people (others get better service than I do) at restaurants or stores because I am Mexican." Higher mean scores indicate more experiences of discrimination (father: $\alpha_{range} = .89–.95$; mother: $\alpha_{range} = .89–.91$; adolescent: $\alpha_{range} = .88–.91$).

Depressive Symptoms

Fathers', mothers', and adolescents' depression symptoms were assessed using the 20-item Center for Epidemiologic Studies of Depression Scale (Radloff, 1977). On the rating of the scale ranging from 1 (*none of the time*) to 4 (*most or all of the time*), participants reported how often they experience depressive symptoms during the past week. Sample items are "I could not shake off the blues (feeling down or bad) even with help from family or friends" and "I had trouble keeping my mind focused (pay attention) on what I was doing." Four positively worded items were reversely coded. Higher mean scores reflect the experience of more depressive symptoms (father: $\alpha_{range} = .81–.83$; mother: $\alpha_{range} = .85–.89$; adolescent: $\alpha_{range} = .83–.87$).

Ethnoracial Socialization

Parental ethnoracial socialization was measured using three subscales of father and mother self-reports of ethnoracial socialization (i.e., *cultural socialization*, *bias awareness*, and *bias coping*) adapted

from previous research (Chen et al., 2021; Umaña-Taylor et al., 2004) at three waves. The items of parental *cultural socialization* included "I teach my child about his/her ethnic/cultural background," "I talk to my child about how important it is to know about our ethnic/cultural background," and "I talk to my child about hanging out with people who share the same ethnic background as our family." The range of parental *cultural socialization* scale is from 1 (*not at all*) to 5 (*very much*), with higher scores indicating higher levels of *cultural socialization* (father: α_{range} = .81–.87; mother: α_{range} = .83–.85). Parental *bias awareness* socialization was assessed with one item: "I talk to my child about the possibility that some people might treat him/her badly or unfairly because he/she is Mexican," while *bias coping* socialization was measured with one item: "I talk to my child about what to do if someone insults or harasses him/her." The rating scale of *bias awareness* and *bias coping* ranged from 1 (*never*) to 5 (*very often*).

Covariates

A set of demographic variables were measured as covariates, including adolescent gender (i.e., female and male), nativity (i.e., whether born in the United States or not), age, the parental highest level of education, and the average annual household income. Using an 11-point scale, each parent reported family income in $10,000 increments (from 0 = *less than $10,000* to 11 = *more than $110,000*).

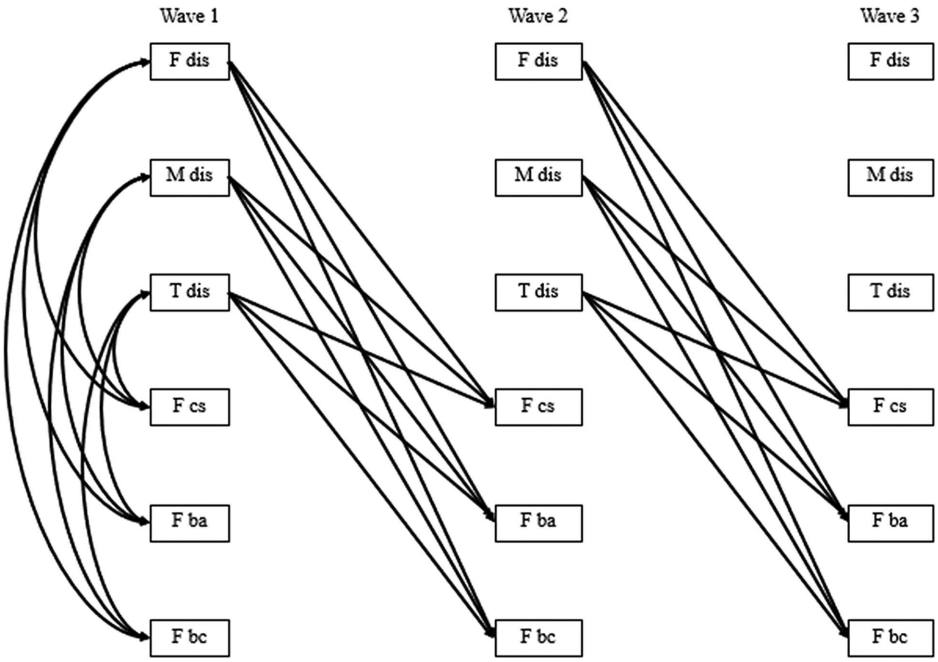
Analytic Strategy

The present study analyzed data using Mplus 8.3 with the maximum likelihood robust estimation to handle both missing data and potential nonnormality of the data (Muthén & Muthén 1998–2017). To balance between the complexity and parsimony of the conceptual model, considering the large number of key constructs (12 constructs per wave—five constructs per person for fathers and mothers, two constructs per adolescent; and a total of 36 constructs across all three waves), a step-by-step model building process was followed to move from pairwise associations (e.g., discrimination–depressive symptoms) to mediation analyses, combining a theory-predicated approach (e.g., applying the complementary dual processes of "rejection–(dis)identification") and a data-driven approach (e.g., deciding on the mediation model to be examined based on results from examined pairwise associations).

We first conducted a cross-lagged panel model (CLPM) to examine the discrimination–depressive symptoms link within and across family members both within and across waves. We then conducted separate CLPMs to examine (a) the associations between family members' experiences of discrimination and fathers' ethnoracial socialization (see Figure 2 for correlational and cross-lagged paths of interest in a CLPM for presentation purpose); (b) the associations between family members' experiences of discrimination and mothers' ethnoracial socialization; (c) the associations between fathers' ethnoracial socialization and family members' depressive

Figure 2

Paths of Focal Interest in a Cross-Lagged Panel Model Connecting Family Members' Discriminatory Experiences With Fathers' Ethnoracial Socialization Across Three Waves



Note. Correlations between family members' discriminatory experiences and fathers' ethnoracial socialization at Wave 2 and Wave 3 are also of focal interest, but were not depicted in the figure to avoid distraction from the focal cross-lagged paths. Other stability, correlation, and cross-lagged paths connecting constructs in the model would also be estimated but were not depicted in the figure to avoid distraction from the focal paths. F = father; M = mother; T = teen; dis = experiences of discrimination; cs = cultural socialization; ba = bias awareness; bc = bias coping.

symptoms (see Figure 3 for correlational and cross-lagged paths of interest in a CLPM for presentation purpose); and (d) the associations between mothers' ethnoracial socialization and family members' depressive symptoms. Finally, based on results from the CLPM models about the associations among family members' experiences of discrimination, parental ethnoracial socialization, and family members' depressive symptoms, we examined potential mediation processes among the three constructs in the family system. Model fit was evaluated using several common indices including χ^2, comparative fit index (CFI), Tucker–Lewis index (TLI), root-mean-square error of approximation (RMSEA), and standardized root-mean-square residual (SRMR). We considered CFI and TLI greater than .90 and RMSEA and SRMR less than .08 as criteria for acceptable fit, and CFI and TLI greater than .95 and RMSEA and SRMR less than .05 as criteria for good to excellent fit (Browne & Cudeck, 1992; Hu & Bentler, 1999).

Transparency and Openness

The authors acknowledge the importance of promoting transparency and reproducibility in scientific research. Although the data and research materials are not deposited in an open data repository at this time due to privacy and ethical considerations, the authors are willing to share anonymized data and research materials with interested researchers to facilitate replication and further analyses upon request and subject to appropriate data use agreements. While the code used in this study is not currently available for sharing, efforts are underway to prepare the code for public release. As several major research questions (e.g., potential mediating effects of ethnoracial socialization in family members' discrimination–depression link) were exploratory in nature, specific hypotheses were not preregistered before data collection began. However, the study's objectives, design, and data collection procedures were carefully planned and conducted in a systematic manner to ensure the validity and reliability of the results.

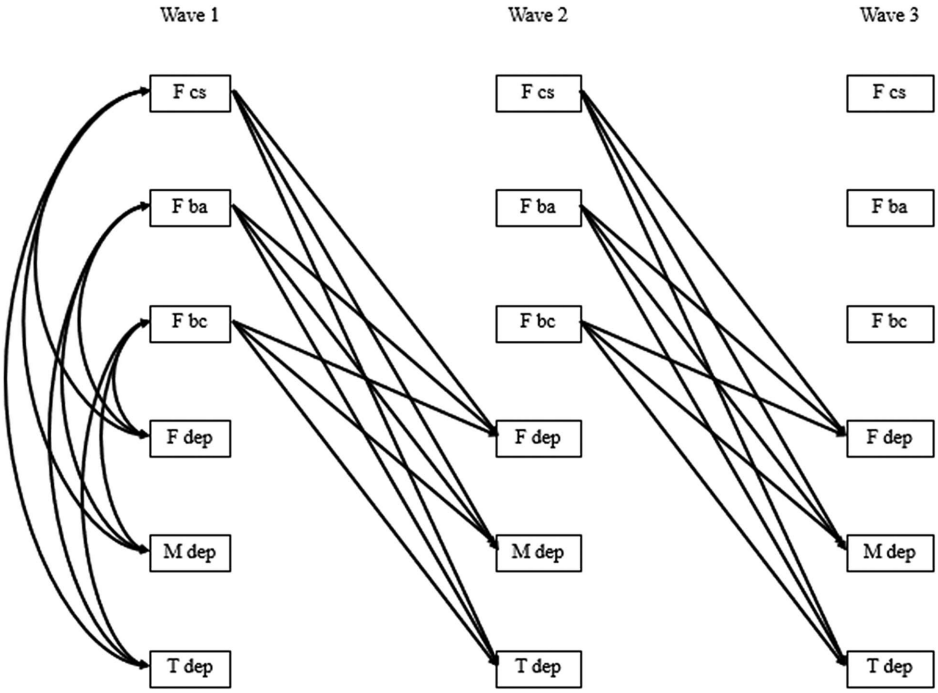
Results

Descriptive Statistics and Correlations

Table 1 presents the descriptive statistics of all key study variables at each wave. Bivariate correlations among the variables are presented in Supplemental Table S1. The experiences of racial discrimination were low in the sample as a whole. At Wave 1, boys experienced more racial discrimination (M_{boys} = 1.42, SD_{boys} = .51; M_{girls} = 1.33, SD_{girls} = .44; t = 2.11, df = 546.73, p = .02) but less depressive symptoms (M_{boys} = 1.53, SD_{boys} = .34; M_{girls} = 1.59, SD_{girls} = .42;

Figure 3

Paths of Focal Interest in a Cross-Lagged Panel Model Connecting Fathers' Ethnoracial Socialization and Family Members' Depressive Symptoms Across Three Waves



Note. Correlations between fathers' ethnoracial socialization and family members' depressive symptoms at Wave 2 and Wave 3 are also of focal interest, but were not depicted in the figure to avoid distraction from the focal cross-lagged paths. Other stability, correlation, and cross-lagged paths connecting constructs in the model would also be estimated but were not depicted in the figure to avoid distraction from the focal paths. F = father; M = mother; T = teen; cs = cultural socialization; ba = bias awareness; bc = bias coping; dep = depressive symptoms.

Table 1
Descriptive Statistics of Key Variables of Adolescents, Fathers, and Mothers at Each Wave

Variable	*N*	Minimum	Maximum	*M*	*SD*	Skewness	Kurtosis
Adolescent report							
W1 discriminatory experience	604	1	3.67	1.37	0.47	1.68	2.66
W1 depressive symptoms	604	1	3.55	1.56	0.38	1.50	3.01
W2 discriminatory experience	483	1	3.33	1.37	0.47	1.56	2.06
W2 depressive symptoms	483	1	3.53	1.55	0.39	1.50	2.85
W3 discriminatory experience	334	1	4.00	1.43	0.52	1.54	2.98
W3 depressive symptoms	334	1	3.65	1.55	0.38	1.92	6.11
Father report							
W1 discriminatory experience	288	1	3.67	1.63	0.57	0.76	0.06
W1 cultural socialization	288	1	5.00	3.30	0.86	0.07	−0.26
W1 bias awareness	288	1	5.00	3.35	1.17	−0.55	−0.49
W1 bias coping	288	1	5.00	3.99	0.88	−1.09	1.77
W1 depressive symptoms	293	1	3.00	1.38	0.32	1.54	3.12
W2 discriminatory experience	192	1	3.11	1.58	0.56	0.69	−0.53
W2 cultural socialization	192	1	5.00	3.32	0.85	−0.10	−0.24
W2 bias awareness	191	1	5.00	3.66	1.03	−0.60	−0.05
W2 bias coping	191	1	5.00	4.08	0.84	−0.80	0.76
W2 depressive symptoms	192	1	2.80	1.40	0.34	1.51	2.60
W3 discriminatory experience	115	1	4.00	1.60	0.64	1.27	1.77
W3 cultural socialization	115	1	5.00	3.48	0.89	−0.28	−0.28
W3 bias awareness	114	1	5.00	3.31	1.18	−0.33	−0.59
W3 bias coping	114	1	5.00	3.81	0.98	−0.99	1.19
W3 depressive symptoms	115	1	2.85	1.44	0.34	1.35	2.84
Mother report							
W1 discriminatory experience	594	1	3.56	1.51	0.54	1.03	0.43
W1 cultural socialization	593	1	5.00	3.24	0.85	−0.04	−0.31
W1 bias awareness	589	1	5.00	3.64	1.24	−0.76	−0.45
W1 bias coping	590	1	5.00	4.31	0.77	−1.20	1.93
W1 depressive symptoms	595	1	3.45	1.47	0.42	1.51	2.58
W2 discriminatory experience	480	1	3.33	1.43	0.52	1.10	0.47
W2 cultural socialization	480	1	5.00	3.38	0.88	−0.04	−0.28
W2 bias awareness	475	1	5.00	3.62	1.22	−0.77	−0.34
W2 bias coping	478	1	5.00	4.21	0.83	−1.29	2.36
W2 depressive symptoms	480	1	3.55	1.47	0.42	1.93	5.11
W3 discriminatory experience	328	1	4.00	1.47	0.52	1.15	1.41
W3 cultural socialization	329	1	5.00	3.38	0.91	0.05	−0.59
W3 bias awareness	327	1	5.00	3.60	1.20	−0.63	−0.40
W3 bias coping	328	1	5.00	4.06	0.89	−1.01	1.15
W3 depressive symptoms	329	1	3.15	1.46	0.37	1.49	2.99

Note. W1 = Wave 1; W2 = Wave 2; W3 = Wave 3.

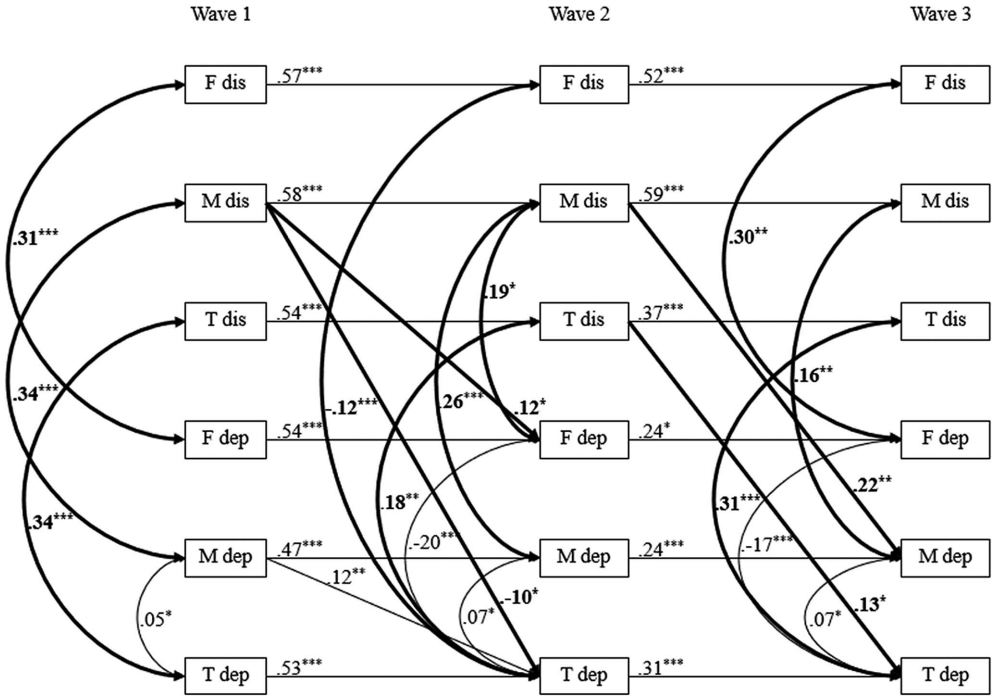
$t = -2.07$, $df = 601.76$, $p = .02$) than girls. Fathers' age was negatively associated with their *bias coping* socialization ($r = -.12$, $p = .039$). Mothers' age was negatively associated with their *bias awareness* ($r = -.12$, $p = .003$) and *bias coping* ($r = -.11$, $p = .006$) socialization, but was positively associated with their depressive symptoms ($r = .19$, $p < .001$). Fathers' education level was positively associated with their *bias coping* socialization ($r = .24$, $p < .001$) and was negatively associated with their depressive symptoms ($r = -.21$, $p < .001$). Mothers' education level was positively associated with their *cultural socialization* ($r = .11$, $p = .01$) and *bias coping* socialization ($r = .14$, $p < .001$). Fathers' income level was positively associated with their *bias coping* socialization ($r = .13$, $p = .039$). Mothers' income level was negatively associated with their *bias awareness* socialization ($r = -.11$, $p = .017$). Adolescents' Mexico-born status was positively associated with their mothers' *bias awareness* socialization ($r = .09$, $p = .038$). The relevant demographic covariates were controlled for in the corresponding analyses below.

Discrimination–Depressive Symptoms Relation

The CLPM for discrimination–depressive symptoms associations with all family members' data across all three waves fit the data well, $\chi^2(164) = 250.17$, $p < .001$; CFI = .94, TLI = .91; RMSEA = .029, 90% CI [.02, .04]; SRMR = .058. As presented in Figure 4, except for fathers' data at Wave 2, correlations presented in bold between discriminatory experiences and depressive symptoms of each family member at each wave illustrated consistent discrimination–depressive symptoms associations (*r*s ranged from .16 to .34, $p < .01$). Family members with more discriminatory experiences at that wave also reported more depressive symptoms. In turn, across time, discrimination–depressive symptoms associations were also found, but only for mothers and adolescents and only from Wave 2 to Wave 3. As reflected in the cross-lagged paths presented in bold from Wave 2 to Wave 3, for both mothers and adolescents, earlier discriminatory experiences predicted later depressive symptoms ($\beta_{mother} = .22$, $p = .001$; $\beta_{teen} = .13$, $p = .035$) above and beyond the

Figure 4

Cross-Lagged Panel Model With Data on Discriminatory Experiences and Depressive Symptoms From Fathers, Mothers, and Adolescents Across the Three Waves



Note. Lines in boldface represent associations between discrimination and depressive symptoms. F = father; M = mother; T = teen; dis = experiences of discrimination; dep = depressive symptoms.
* $p < .05$. ** $p < .01$. *** $p < .001$.

longitudinal stability of depressive symptoms. Within time but across family members, significant discrimination–depressive symptoms associations were only found at Wave 2. While fathers' discriminatory experiences were negatively associated with adolescents' depressive symptoms ($r = -.12$, $p < .001$), mothers' discriminatory experiences were positively associated with fathers' depressive symptoms ($r = .19$, $p = .019$). Across family members and across time, mothers' discriminatory experiences at Wave 1 positively predicted fathers' depressive symptoms at Wave 2 ($\beta = .12$, $p = .043$), but negatively predicted adolescents' depressive symptoms at Wave 2 ($\beta = -.10$, $p = .025$). However, the two negative associations between parents' discriminatory experiences and adolescents' depressive symptoms were not significant in the bivariate correlations, thus might have appeared in the CLPM models due to potential suppression effects.

It is worth noting that family members' experiences of discrimination were found to be independent of each other, but some weak associations were found among their depressive symptoms. Specifically, depressive symptoms of mothers and adolescents were consistently and positively correlated at each wave (*r*s = .05, .07, and .07, respectively, $p < .05$). Mothers' depressive symptoms at Wave 1 also positively predicted adolescents' depressive symptoms at Wave 2 ($\beta = .12$, $p = .008$). However, depressive symptoms of fathers and adolescents were consistently and negatively correlated at Waves 2 and 3 (*r*s = .20 and .17, respectively, $p < .001$).

Family Members' Discriminatory Experiences and Parental Ethnoracial Socialization

To examine whether family members' experiences of racial discrimination were associated with parental ethnoracial socialization, CLPMs were conducted with one model focused on fathers' ethnoracial socialization and the other model focused on mothers' ethnoracial socialization. The model fit for the CLPM concerning fathers' ethnoracial socialization was acceptable, except for TLI being somewhat below the threshold of .90 and SRMR being slightly above the threshold of .08, $\chi^2(142) = 250.226$, $p < .001$; CFI = .90, TLI = .86; RMSEA = .036, 90% CI [.028, .043]; SRMR = .082. Fathers' experiences of racial discrimination at Wave 1 were positively associated with their *bias awareness* socialization at Wave 1 ($\beta = .13$, $p = .021$) and with their *bias coping* socialization at Wave 2 ($\beta = .15$, $p = .025$). In addition, adolescents' experiences of racial discrimination at Wave 1 were negatively associated with fathers' *bias coping* socialization at Wave 1 ($\beta = -.11$, $p = .041$). No other associations between family members' experiences of discrimination and fathers' ethnoracial socialization were found. Yet fathers' three types of ethnoracial socialization were consistently and positively associated with each other at each wave (*r*s ranged from .19 to .58, $p < .01$). Fathers' *cultural socialization* at Wave 2 also positively predicted their *bias awareness* socialization ($\beta = .26$, $p = .005$) and *bias coping* ($\beta = .30$, $p = .002$) at Wave 3.

The model fit for the CLPM concerning mothers' ethnoracial socialization was also acceptable, except for TLI being slightly below the threshold of .90, $\chi^2(147) = 279.122$, $p < .001$; CFI = .92, TLI = .89; RMSEA = .039, 90% CI [.032, .045]; SRMR = .068. At each wave, mothers' experiences of racial discrimination were consistently and positively associated with their ethnoracial socialization of *cultural socialization* (*r*s = .05, .07, and .07, $p < .05$) and *bias awareness* (*r*s = .08, .12, and .12, $p < .001$). Mothers' experiences of racial discrimination at Wave 2 also positively predicted their *bias awareness* socialization at Wave 3 ($\beta = .12$, $p < .05$). No other associations between family members' experiences of discrimination and mothers' ethnoracial socialization were found. As is the case for fathers, mothers' three types of ethnoracial socialization were consistently and positively associated with each other at each wave (*r*s ranged from .21 to .47, $p < .001$). Mothers' earlier *cultural socialization* also consistently and positively predicted their later *bias awareness* ($\beta_{\text{Wave 1–Wave 2}} = .18$, $p < .001$; $\beta_{\text{Wave 2–Wave 3}} = .19$, $p = .002$) and *bias coping* ($\beta_{\text{Wave 1–Wave 2}} = .15$, $p < .001$; $\beta_{\text{Wave 2–Wave 3}} = .16$, $p = .008$) socialization.

Therefore, the association between discriminatory experiences and parental ethnoracial socialization was mainly a within-person and within-time phenomenon. The most consistent finding was the positive association between mothers' experiences of discrimination and their *cultural socialization* and *bias awareness* socialization with their children. The two findings on fathers also showed positive associations between their experiences of discrimination and their *bias awareness* and *bias coping* socialization.

Parental Ethnoracial Socialization and Family Members' Depressive Symptoms

To examine whether parental ethnoracial socialization was associated with family members' depressive symptoms, two additional CLPMs were conducted with one model focused on fathers' ethnoracial socialization and the other model focused on mothers' ethnoracial socialization. The model fit for the CLPM concerning fathers' ethnoracial socialization was acceptable, except for TLI being slightly below the threshold of .90 and SRMR being somewhat above the threshold of .08, $\chi^2(205) = 290.713$, $p < .001$; CFI = .91, TLI = .89; RMSEA = .026, 90% CI [.019, .033]; SRMR = .091. Fathers' *bias coping* socialization was consistently and negatively associated with their own depressive symptoms at each wave (*r*s = −.11, −.13, and −.11, respectively, $p < .01$). Their *bias coping* socialization at Wave 1 also negatively predicted their depressive symptoms at Wave 2 ($\beta = -.17$, $p = .01$). Yet their *bias awareness* socialization at Wave 2 strongly and positively predicted their depressive symptoms at Wave 3 ($\beta = .40$, $p < .001$).

When other family members were considered, fathers' *bias awareness* socialization was positively associated with adolescents' depressive symptoms at Wave 1 ($r = .10$, $p = .02$). Fathers' *bias awareness* socialization at Wave 2 also positively predicted mothers' depressive symptoms at Wave 3 ($\beta = .34$, $p < .001$). Fathers' *bias coping* socialization at Wave 1 positively predicted adolescents' depressive symptoms at Wave 2 ($\beta = .16$, $p = .01$). However, at Wave 3, fathers' *cultural socialization* and the *bias awareness* socialization were both negatively associated with adolescents' depressive symptoms (*r*s = −.19 and −.18, respectively, $p < .05$).

The model fit for the CLPM concerning mothers' ethnoracial socialization was also barely acceptable, except for TLI being slightly below the threshold of .90, $\chi^2(178) = 313.280$, $p < .001$; CFI = .91, TLI = .88; RMSEA = .035, 90% CI [.029, .042]; SRMR = .061. Only two associations were found between mothers' ethnoracial socialization and family members' depressive symptoms, both of which were intraindividual associations. Specifically, mothers' *bias awareness* socialization at Wave 1 positively predicted their depressive symptoms at Wave 2 ($\beta = .18$, $p < .001$). In contrast, their *bias coping* socialization at Wave 1 negatively predicted their depressive symptoms at Wave 2 ($\beta = -.10$, $p = .041$).

Thus, fathers' *bias coping* socialization showed consistent negative associations with their depressive symptoms. Yet the associations between fathers' ethnoracial socialization and other family members' depressive symptoms varied by time, person, and the type of ethnoracial socialization. The two longitudinal findings on mothers indicated the harm of *bias awareness* and the benefit of *bias coping* for their own depressive symptoms.

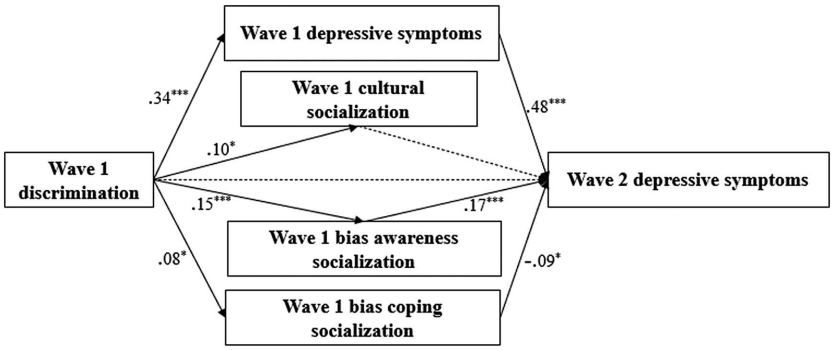
Discrimination–Depressive Symptoms Association Through Ethnoracial Socialization

We proceeded with mediation analyses based on pairwise associations among discriminatory experiences, ethnoracial socialization, and depressive symptoms examined above. Although within-person associations between discriminatory experiences and depressive symptoms were generally found for each family member within each wave, we only proceeded with longitudinal mediation analyses rather than within-wave (cross-sectional) mediation to provide a more rigorous examination of the directionality of effects. Across waves, no significant mediating effects of ethnoracial socialization were found for fathers in their discrimination–depressive symptoms associations. For mothers, from Wave 1 to Wave 2, after controlling for Wave 1 demographic covariates and depressive symptoms, *bias awareness* socialization at Wave 1 significantly mediated the association between their discriminatory experiences at Wave 1 and their depressive symptoms at Wave 2 ($z = .03$, $SE = .009$, $p = .003$). The mediation model is shown in Figure 5 and fit the data well, $\chi^2(6) = 5.47$, $p = .49$; CFI = 1.000, TLI = 1.007; RMSEA = .000, 90% CI [.00, .05]; SRMR = .014. Wave 1 depressive symptoms also significantly mediated the associations between Wave 1 discriminatory experiences and Wave 2 depressive symptoms ($z = .16$, $SE = .028$, $p < .001$). Although Wave 1 *bias coping* socialization was also significantly associated with Wave 1 discriminatory experiences and Wave 2 depressive symptoms, it did not show a significant mediating effect between Wave 1 discriminatory experiences and Wave 2 depressive symptoms.

Across family members, mothers' discriminatory experiences were only associated with their own, rather than fathers', ethnoracial socialization, which, in turn, was only associated with their own depressive symptoms, rather than those of other family members. Therefore, we did not proceed with between-person mediation analysis involving mothers. Between fathers and adolescents, the discrimination–depressive symptoms association was only observed at Wave 2. Thus, we did not proceed with this within-wave (cross-sectional) mediation, as associations between variables at a single time point limited the ability to infer causality or the temporal sequence of effects.

Figure 5

Mediation From Wave 1 Discriminatory Experiences to Wave 2 Depressive Symptoms Through Three Types of Ethnoracial Socialization and Depressive Symptoms at Wave 1 for Mothers



Note. The three types of ethnoracial socialization were significantly associated with each other. Correlations were not shown in the figure for simplicity.
* $p < .05$. *** $p < .001$.

Discussion

Mexican-origin families are among the largest and the fastest growing racial/ethnic groups in the United States (Miller, 2021) but are disproportionally represented in poverty (Lesser & Batalova, 2017; Macartney et al., 2013). Mexican-origin individuals from low socioeconomic backgrounds are particularly vulnerable to mental health challenges (Daly, 2022; Polo & López, 2009) as they confront multiple intersecting forms of discrimination, including racial/ethnic and economic discrimination (Conger et al., 2012; Galvan et al., 2022). To inform research and practice about the discrimination–depression link among this vulnerable population, this study sought to understand the intraindividual and interpersonal discrimination–depressive symptoms associations among low-income Mexican-origin fathers, mothers, and their adolescent children, as well as the role of three types of parental ethnoracial socialization as potential mediators. The findings lent support to intraindividual discrimination–depressive symptoms associations and enriched our understanding of the independence and interdependence among family members' corresponding experiences. We also found how different types of parental ethnoracial socialization function differently for family members' discriminatory experiences and depressive symptoms.

Consistent Intraindividual Discrimination–Depressive Symptoms Associations

Using three waves of longitudinal data spanning 5 years from Mexican-origin fathers, mothers, and adolescents, we found generally consistent discrimination–depressive symptoms associations within individual family members, both concurrently and longitudinally. These findings are consistent with the plethora of extant research on such discrimination–depression link (e.g., Cave et al., 2020; Finch et al., 2000; Priest et al., 2013), highlighting the prevalence of this issue among Mexican-origin individuals (Paradies et al., 2015) and the deleterious effect of discrimination on the mental health of marginalized populations (Park et al., 2018; Priest et al., 2013).

In addition, our findings are consistent with prior research showing more prevalent and stronger concurrent associations than longitudinal associations between discrimination and depressive symptoms (Cave et al., 2020; Priest et al., 2013). Specifically, we found within-person and within-time discrimination–depressive symptoms associations for every family member, except for fathers at Wave 2. Longitudinal associations between discrimination and depressive symptoms were only found for mothers and adolescents from Wave 2 to Wave 3, which spanned approximately 4 years apart. It is possible that discrimination and depressive symptoms co-occurred contemporaneously for youth and their parents, and such associations also lingered for mothers and adolescents. It is also possible that longitudinal associations were less likely to yield significant estimates than concurrent associations because methodologically, discrimination was assessed in an aggregated way (i.e., how often … experienced on a daily basis) while depressive symptoms were assessed in a time frame of the past week. A better alignment of the time frames on which the constructs were assessed might help reveal not only the concurrent but also the longitudinal associations between discrimination and depressive symptoms. Yet, the current findings still indicated that reducing discrimination in Mexican-origin individuals' daily life is urgent for their immediate and long-term well-being, especially for mothers and adolescents.

Inconsistent Interindividual Discrimination–Depressive Symptoms Associations

We also obtained some evidence concerning the associations between one family member's discriminatory experiences and another family member's depressive symptoms. Specifically, mothers' discriminatory experiences at both Wave 1 and Wave 2 were positively associated with fathers' depressive symptoms at Wave 2, suggesting mothers' psychological impact on fathers and/or fathers' sensitivity to mothers' experiences. As prior research suggested, personal discriminatory experiences in the external society can spillover and proliferate into family life (Heard-Garris et al., 2018). Exposure to family-level vicarious racism can lead to negative

outcomes in individuals, including anger and distress (Martin Romero & Stein, 2023). Research with racial/ethnic minority couples consistently found personal discriminatory experiences to be associated with lower marital quality and higher divorce rate (James & Fine, 2013; Lincoln & Chae, 2010; Trail et al., 2012). Our finding on the impact of mothers' discriminatory experiences on fathers' depressive symptoms deserves further investigation to elucidate the potential direct and indirect processes and to inform individual and couple support for Mexican-origin mothers and fathers.

However, it was counterintuitive to find negative associations between parents' discriminatory experiences and adolescents' depressive symptoms. For mothers with greater discriminatory experiences at Wave 1 and for fathers with greater discriminatory experiences at Wave 2, their adolescent children reported lower depressive symptoms at Wave 2. The few extant research on this topic either found greater parental discriminatory experiences to be associated with more mental health challenges in youth (Espinoza et al., 2016; Huynh et al., 2021) or found no associations between the two phenomena (Park et al., 2018). More research on this topic is needed to verify whether our counterintuitive findings are valid and meaningful. The same is true for additional research on the impact of adolescents' discriminatory experiences on parents' mental health. Only one research to date found African American parents' perception of adolescents' discriminatory experiences to be positively associated with parents' depressive symptoms (Holloway & Varner, 2023). Our study and another study (Park et al., 2018) on Mexican-origin families did not find such influence of adolescents on parents. As parental influence on children remains much stronger than vice versa throughout adolescence (Vollebergh et al., 2001), such observation is not surprising. But more research is needed to identify conditions in which adolescents' discriminatory experiences might impact parents' mental health. As U.S. Latinx families are diverse (e.g., variations in phenotype, language proficiency, and legal status), incorporating family- and individual-level moderators (Martin Romero & Stein, 2023) in future studies may help elucidate how interindividual discrimination–depressive symptoms associations might vary by factors like emotional proximity among family members.

Parental Ethnoracial Socialization

The second focus of this study is on the potential mediating roles of parental ethnoracial socialization practices in the associations between discriminatory experiences and depressive symptoms among family members. The model fit for CLPMs involving parental ethnoracial socialization had one or two model fit indices slightly off the acceptable range, suggesting constrained explanatory power of these models. Thus, these results are not as solid as the models on discrimination–depression links and should be interpreted more cautiously. For both fathers and mothers, concurrently and longitudinally, positive associations among *cultural socialization*, *bias awareness* socialization, and *bias coping* socialization were found. This finding is consistent with prior qualitative and quantitative research which revealed frequent co-occurrence of multiple ethnoracial socialization strategies among Latinx immigrant parents (Ayón et al., 2020). Considering the benefit of joint and frequent use of multiple ethnoracial socialization practices (Chen et al., 2021), our finding on parents' joint use of ethnoracial socialization is encouraging as it implies ample intervention possibilities. The positive correlations among the three ethnoracial socialization practices at each wave and across waves suggest that parents high on one practice are also high on the other two practices. Thus, cultivating parents' increased use of one ethnoracial socialization practice may lead to increases in other types of ethnoracial socialization.

Parental Discriminatory Experiences Motivate Their Practice of Ethnoracial Socialization

Consistent with prior studies (Ayón et al., 2020; Hughes et al., 2006), for both fathers and mothers, their own discriminatory experiences were found to be positively associated with their practice of various types of ethnoracial socialization. For example, fathers' Wave 1 discriminatory experiences were positively associated with their Wave 1 *bias awareness* socialization and their Wave 2 *bias coping* socialization. Mothers' discriminatory experiences were positively associated with their *cultural socialization* and *bias awareness* socialization at every wave. A longitudinal positive association was also found between mothers' Wave 2 discriminatory experiences and their Wave 3 *bias awareness* socialization. Although parental discriminatory experiences were not found to be positively associated with all ethnoracial socialization practices at and across all time points, the discovered associations are all consistent with the expectation that parental discriminatory experiences motivated their ethnoracial socialization. It is possible that parents developed coping strategies and resilience through their discriminatory experiences, so they were motivated to pass on such life lessons to their children to better navigate the racialized society (Martin Romero et al., 2022). Also consistent with the "rejection–(dis) identification" models (Mazzoni et al., 2020), parents' discriminatory experiences may influence their parenting through ethnoracial socialization so that they practiced *cultural socialization* to reflect their identification and to promote their children's identification with their heritage culture, and they practiced *bias awareness* and *bias coping* socialization to disidentify themselves and their children from the hostile receiving culture. Yet when and how such discrimination–ethnoracial socialization link exists or does not exist remains to be clarified.

Contrary to our expectations, between individuals, other family members' discriminatory experiences were generally not associated with parents' ethnoracial socialization, except that adolescents' discriminatory experiences and fathers' *bias coping* socialization were negatively correlated at Wave 1. It is possible that parents' own discriminatory experiences are much more accessible and provoking than the experiences of other family members for parents to draw upon and to inform their ethnoracial socialization. The cross-sectional negative association between adolescents' discriminatory experiences and fathers' *bias coping* socialization at Wave 1 may imply fathers' withholding of their *bias coping* socialization in response to adolescents' heightened discriminatory experiences, as fathers might worry about the ineffectiveness or countereffect of such coping in combating discrimination. Or the negative association may indicate decreased discriminatory experiences among the adolescents as their fathers engaged in more *bias coping* socialization so that adolescents were more capable of fighting off discrimination. However, such association was only observed at one time point and might be a random occurrence.

Varied Association Between Ethnoracial Socialization and Depressive Symptoms

Similarly, the associations between ethnoracial socialization and depressive symptoms were more consistently to be intraindividual than interindividual. Within mothers and fathers, we did not find much evidence about the negative association between *cultural socialization* and depressive symptoms, which is inconsistent with prior empirical evidence (Hughes et al., 2006; M. T. Wang et al., 2020) and our application of the "rejection–identification" model (Mazzoni et al., 2020). However, positive association between *bias awareness* and depressive symptoms was supported in two longitudinal associations: from Wave 1 to Wave 2 for mothers and from Wave 2 to Wave 3 for fathers. Interestingly, *bias coping* socialization showed potential benefits through its association with decreased depressive symptoms for both fathers (at every wave and from Wave 1 to Wave 2) and mothers (from Wave 1 to Wave 2). These findings supported the differentiation between *bias awareness* and *bias coping* as two distinct dimensions of the ethnoracial socialization of *preparation for bias* (Chen et al., 2021; M. T. Wang et al., 2020). These findings also suggested that although ethnoracial socialization is generally practiced by parents to influence children, their impact on parents themselves (e.g., parents' own depressive symptoms) should not be ignored.

Moreover, the associations between parents' ethnoracial socialization and other family members' depressive symptoms were quite inconsistent. Mothers' ethnoracial socialization showed no association with any other family members' depressive symptoms. However, several associations were observed between fathers' ethnoracial socialization and other family members' depressive symptoms, but the direction of the associations varied by time, person, and the type of ethnoracial socialization. Specifically, fathers' Wave 1 *bias awareness* socialization was positively associated with adolescents' Wave 1 depressive symptoms. Fathers' Wave 1 *bias coping* socialization was also positively associated with adolescents' Wave 2 depressive symptoms. In turn, fathers' Wave 2 *bias awareness* socialization positively predicted mothers' Wave 3 depressive symptoms. However, fathers' *cultural socialization* and the *bias awareness* socialization were both negatively associated with adolescents' depressive symptoms at Wave 3. One the one hand, the findings supported the potential harm of *bias awareness* and *bias coping* socialization (Liu & Lau, 2013; M. T. Wang et al., 2020), as both center on *bias* and may trigger the "rejection–disidentification" process and bring psychological pain and stress to other family members. On the other hand, the findings resonate with prior research on developmental changes in the effects of ethnoracial socialization (Ayón et al., 2020; Hughes et al., 2006; M. T. Wang et al., 2020). It is possible that as adolescents grew from early to late adolescence, they became more capable at benefitting from parental ethnoracial socialization and at resisting unintended stress from bias-centered ethnoracial socialization. It is also worth noting that fathers' ethnoracial socialization seemed to matter more than those of mothers in associating with other family members' depressive symptoms. This finding is consistent with an earlier research on Mexican-origin families showing stronger impact of fathers than mothers on adolescents' discrimination–depression link (Park et al., 2018). It is possible that fathers have more authority in Mexican-origin families. They might be more effective and influential in family communications concerning the ways to interact with the external world, with which fathers often have the most experience due to their typical role as the family's economic provider. Thus, fathers' role in Mexican-origin families deserves more research and practical attention.

Bias Awareness Socialization as a Mediator in Discrimination–Depression Link for Mothers

Despite the findings above concerning pairwise associations among family members' discriminatory experiences, ethnoracial socialization, and depressive symptoms, the mediating effects of ethnoracial socialization in the association between discriminatory experiences and depressive symptoms were generally not supported by our findings. Only with mothers' Wave 1 and Wave 2 data did we find longitudinal mediating effect of their *bias awareness* socialization in their own discrimination–depressive symptoms association. As females are at much higher risk for depressive symptoms than males, depressive symptoms have been most frequently examined for mothers than other members in the family (Gotlib et al., 2020). We observed direct effects of discrimination on mothers' depressive symptoms. We also observed indirect effects through *bias awareness* socialization between discrimination and depressive symptoms for mothers. Thus, Mexican-origin mothers in our study may be more susceptible than other family members to the harm of discrimination and the side effects of their own *bias awareness* socialization. Considering the potential benefit of *bias coping* socialization in decreasing depressive symptoms for both fathers and mothers as shown in our study, it might be beneficial to encourage and coach mothers to practice *bias coping* socialization instead of *bias awareness* socialization to still achieve the goal of preparing their children for bias, but in a more proactive and problem-solving approach, and to avoid the potential harm of *bias awareness* socialization.

Strengths and Limitations

The present study integrates the family systems and developmental perspectives in the examination of discrimination–depression link among Mexican-origin fathers, mothers, and adolescents and examined potential mediating effects of *cultural socialization*, *bias awareness* socialization, and *bias coping* socialization. The longitudinal data spanning from early to late adolescence from all three family members afforded rich exploration of complex familial reciprocal patterns among these interconnected constructs over time. The differentiation among the three representative ethnoracial socialization practices, especially between *bias awareness* and *bias coping*, enriched our understanding about the unique functions of different ethnoracial socialization by time, person, and types of practice. To our knowledge, the effects of ethnoracial socialization on parents' own depressive symptoms were examined for the first time. Such comprehensive analyses of associations among the three constructs among all three family members and about the specific costs and benefits of different ethnoracial socialization practices enriched our understanding about independent and linked lives among Mexican-origin family members as they navigate the racialized society.

Despite its strengths and contribution, the study has several limitations to be noted. First, although we collected data from all three family members, we only examined self-report data from each family member, which might be influenced by individuals' social desirability bias, recall bias, subjective interpretation, and oversight of subtle but relevant experiences. Although one's own experiences with discrimination, depressive symptoms, and ethnoracial socialization are most accessible to oneself, complementing self-report measures with objective measures and others' report can help future research reduce response bias and capture meaningful experiences that might be systematically overlooked by oneself. Direct assessment of individuals' awareness of their family members' discrimination experiences can also help unpack the discrimination–depressive symptoms associations in the family system (Martin Romero & Stein, 2023). Future research should invest more effort to measure and analyze the experiences of vicarious discrimination among family members.

Secondly, the assessment of ethnoracial socialization might be particularly strengthened if both parental report and adolescent report are examined. Discrepancies between parental and child reports on ethnoracial socialization have been documented (Y. Wang et al., 2019), with the former focusing on parents' intentions and delivery and the latter focusing on children's perception and reception of ethnoracial socialization (Yasui et al., 2015). The data from parents' and adolescents' report may complement each other to provide a more complete understanding of the process and outcome of ethnoracial socialization.

Thirdly, only the father, mother, and adolescent in participating families were included in the study. The experiences of other family members (e.g., siblings, grandparents) may play significant roles in adolescents' socioemotional development. Thus, future research should consider a broader conceptualization of "family" to capture the role of multifaceted family dynamics.

Next, the fit of models involving ethnoracial socialization had one or two model fit indices slightly off the acceptable range, suggesting that factors other than discriminatory experiences that matter for parental ethnoracial socialization were not well captured in the study and analyses. The same issue applies to the models involving ethnoracial socialization and depressive symptoms, as ethnoracial socialization only showed limited associations with family members' depressive symptoms. It is possible that ethnoracial socialization matters more for racial/ethnic identity outcomes than mental health outcomes, although its mental health implications are still noteworthy.

Moreover, both *bias awareness* and *bias coping* were assessed with only one item per construct. The item on *bias awareness* only addressed the participants' potential Mexican identity but missed their potential Mexican American identity. The item on *bias coping* also has a limitation of not being specifically tied to insults or harassment based on discrimination. Both the reliability and validity of these constructs deserve more research attention. In general, the ethnoracial socialization research on Latinx populations is in need of culturally responsive and multidimensional measures (Ayón et al., 2020).

In addition, the literature has documented multiple characteristics of parents, children, and the context as potential moderators of ethnoracial socialization, including gender, socioeconomic status, nativity, generation, parent–child relationship quality, and neighborhood risk and ethnic composition (Ayón, 2020). Although this study included available demographic variables as covariates in the analyses, future research can benefit from examining these variables' moderating effects directly to inform conditions under which different ethnoracial socialization practices show positive, negative, or no effect.

Finally, the sample of Mexican-origin family members in the study were recruited from low-income populations in central Texas. Their experiences may not be generalizable to Mexican-origin individuals in other settings, such as those in the border region or in states where the political atmosphere for immigrants and Mexican-origin populations differ.

Conclusion and Implications

Considering the multiple social determinants of health that challenge low-income Mexican-origin individuals' mental health, research responsive to their life stressors, coping strategies, and mental health outcomes is imperative at both the individual and family levels. This research verified the prevalent discrimination–depression link within low-income Mexican-origin fathers, mothers, and adolescents and also shed light on such link across family members, especially between mothers' discriminatory experiences and fathers' depressive symptoms. Moreover, parents' own discriminatory experiences were found to motivate their ethnoracial socialization which showed differential associations with depressive symptoms of their own and other family members, with *bias coping* socialization showing potential benefits and *bias awareness* socialization showing potential harm. Mothers' discrimination–depression link was also found to be mediated by their *bias awareness* socialization.

The findings from this research have several important clinical implications for mental health professionals working with low-income Mexican-origin families. First, as the discrimination–depression link appeared to be mainly a within-person and within-time phenomenon, individualized and timely interventions are needed to identify the presence of discrimination and corresponding depressive symptoms and to break the cycle as early as possible. Secondly, intraindividual discrimination–depression link showed long-term associations for mothers and adolescents; thus, their experiences over a longer time scale across multiple years should be considered when supporting them in coping with discrimination and depressive symptoms. Thirdly, the intraindividual discrimination–depression link applies to all family members; thus, fathers' needs should be equally attended to, even if their depressive symptoms were less reported and examined. Next, the association between mothers' discriminatory experiences and fathers' depressive symptoms suggests the potential need for couple- and family-based interventions to address the impact of discrimination on family dynamics and to support collaborative coping among family members. In turn, the intraindividual association of ethnoracial socialization with discriminatory experiences and depressive symptoms of the parents indicates that although intended to serve their children, ethnoracial socialization is more sensitive to and influential on parents' own experiences. Such personal relevance of ethnoracial socialization suggests that drawing upon parents' own experiences might be particularly effective to empower them in developing effective ethnoracial socialization practices to help themselves and their children navigate the challenges of discrimination and depressive symptoms. Next, while the potential benefits of *bias*

coping socialization should be explored further as a means to reduce depressive symptoms, mental health professionals should also be mindful of the potential harm of *bias awareness* socialization as well as the common co-occurrence of multiple types of ethnoracial socialization practices among Mexican-origin parents. Finally, considering that mothers' discrimination–depression link is mediated by their *bias awareness* socialization, practitioners should be advised that bias awareness socialization alone, without the accompaniment of other coping strategies, can be potentially maladaptive.

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