

The Well-Being of Immigrant Latino Youth: A Framework to Inform Practice

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ABSTRACT

All families must confront positive and negative influences when raising children. This challenge is greater for new immigrants, who must negotiate the additional influences of culture and environment and incorporate their family history into their life in a new country. This article summarizes findings regarding the well-being of Latino youth on domains important to functioning later in life (e.g., mental health, substance use, school functioning, early adult role-taking). The summary is followed by a discussion of the psychosocial risks that threaten the successful adaptation of Latino youth in immigrant families and the protective factors that facilitate their adaptation. A framework of practice guidelines and case applications is proposed to guide helping professionals in assessing the needs of Latino youth.

According to the 2000 census, the Latino population living in the United States increased by 58% over 10 years, growing from 22.4 million in 1990 to 35.3 million in 2000 (Schmidley, 2001). As their presence in the United States grows, Latinos are relocating in many areas of the country that have not been traditional destinations for new Latino immigrants, such as the South and the Midwest. As a result, health and social service providers, in both traditional and new receiving communities, are working with increasing numbers of Latino clients. To better serve these clients, helping professionals will need to develop an understanding of the risk and protective factors for Latino youth. In particular, because the largest percentage of Latinos living in the United States are immigrants or children of immigrants (Hernandez, 1997; Suárez-Orozco & Suárez-Orozco, 2001), service providers will need to understand the risk and protective factors associated with migration and acculturation.

Research suggests that Latino youth face multiple threats to their well-being, including substance use, poor school

functioning, and early adult role-taking. These risks may be particularly acute for children who immigrate later in childhood, especially during adolescence (Portes & Rumbaut, 2001). Despite these risks, additional research suggests that new immigrant Latino families possess certain cultural attitudes and norms that are protective against the many risks that accompany immigration.

In this article, we summarize findings regarding the well-being of Latino youth on domains important to functioning later in life. The summary is followed by a discussion of the psychosocial risks that threaten the successful adaptation of Latino youth in immigrant families and the protective factors that facilitate their adaptation. We argue that the understanding of risk and resiliency among Latino youth can be improved if it is embedded in an ecological framework that more fully accounts for the challenges of immigration. Based on this argument, a framework is proposed to guide helping professionals in assessing the needs of Latino youth.

Status of Latino Youth

Mental Health

Few investigations of the incidence and prevalence of specific mental health diagnoses for Latino youth exist. Most current research compares several ethnic groups on specific diagnostic categories or other measures of well-being. In a multistage probability sample, Shrout et al. (1992) found limited differences between Puerto Rican and mainland Hispanics on a variety of diagnoses. Kleykamp and Tienda (in press) found limited well-being differences between Latino and White youth in a nationally representative sample. In a study of 3,962 ethnic minority youth receiving outpatient mental health services in San Diego, Yeh, McCabe, Hurlburt, Hough, Hazen, Culver, Garland, and Landsverk (2002) found that Latinos were more likely to receive diagnoses of adjustment disorders, anxiety disorders, and psychotic disorders compared with non-Hispanic Whites. The study sample was also less likely to be diagnosed with attention deficit disorder. Latino females appear to be at particular risk for depressive symptoms and suicidal behavior. The Commonwealth Fund reported that 27% of Latina girls enrolled in Grades 5 through 12 experienced depressive symptoms in the past 2 weeks; this percentage is higher than that for all other groups except Asian girls (Schoen et al., 1997). In 1999, more than 25% of Latina girls reported seriously considering suicide and nearly 1 in 5 Latina girls between the ages of 12 and 21 attempted suicide one or more times in the past 12 months (Centers for Disease Control [CDC], 2002). This percentage for Latina girls was more than double those reported by any other ethnic or racial group regardless of gender. However, more than 25% of Latino boys also reported feeling sad or hopeless almost every day for 2 weeks or longer in the past 12 months (CDC, 2002). Findings suggest that Hispanic adults and children living in New York City have developed higher rates of posttraumatic stress disorder symptoms in response to the World Trade Center disaster than members of other groups; the reasons for these findings are unclear (Galea et al., 2002).

Although detailed findings on Latino mental health are only now beginning to appear in the literature, other research indicates that these youth are engaged in behaviors and situations that either put them at increased risk for mental health difficulties or are often co-occurring with mental disturbance. In particular, a comparison of documentation of elevated rates of aggressive behavior, hate crimes based on race, school failure, and child sexual abuse between Latino youth and other groups may indicate the presence of unmeasured mental health concerns (CDC, 2002; Kaufman et al., 2001; Tienda & Kleykamp, 2000).

Substance Use

Substance abuse of both illicit drugs and alcohol is problematic among Latino youth. Alcohol consumption is thought to

act as a gateway to illicit substance use for Latino youth perhaps because of its use is culturally accepted (Gil & Vasquez, 1996; Warheit, Vega, Khoury, Gil, & Elfenbein, 1996). For 1999, CDC reported that the percentage of Latino adolescents who had used marijuana, cocaine, heroin, and methamphetamines during their lifetime was higher than for either African Americans or non-Latino Whites. In addition, the 1999 CDC report also noted that Latinos had the highest lifetime percentage of students who had injected illegal drugs (CDC, 2002). King, Gaines, Lambert, Summerfelt, and Bickman (2000) confirm that substance abuse disorders in adolescents are often comorbid with mental health diagnoses and are often missed by clinicians.

School Functioning and Early Adult Role-Taking

It is important to note that much of the existing data come from Latino youth who are attending school. Indeed, when one considers Freud's classic definition of mental health, "the ability to work and to love," adequate school functioning represents a full half of Freud's equation among adolescents (Erikson, 1950). In more practical terms, completion of high school predicts improved life chances. Many factors influence school functioning, including individual, family, and institutional characteristics, all of which have been linked to school performance among Latino youth (Fernandez & Velez, 1989; Kao & Tienda, 1995; Ogbu, 1987; Rumberger, 1995; Rumberger & Thomas, 2000; Velez, 1989). However, current data suggest that many Latino youth are falling below grade-level work or dropping out school (CDC, 2002; U.S. Census Bureau, 1999). The National Center for Education Statistics (1995) reported that 38.2% of young adult Latinos did not have a high school diploma.

Furthermore, accelerated role-taking may be a particularly relevant variable for Latino youth and school success. Early childbearing is commonly correlated with school dropout (Leadbeater, 1996). Given that Latinas are less likely to use contraception before pregnancy or to terminate a pregnancy (Erickson, 1998), teen childbearing and hence, the early adoption of adult roles, likely relates to decreased educational attainment. For Latino boys, family monetary needs may push them into the workforce earlier than their non-Latino counterparts, again interfering with school performance.

Taken together, the literature suggests that, regardless of the presence of considerable cultural strengths, Latino youth are suffering. However, the context of the struggle is missing. These studies do not take into account the immigration experience of the child and family, the role of immigrant generation, acculturation levels, and family functioning. Without that context, practitioners and policymakers are poorly informed about which Latino youth are having difficulties and how the potential protective factors of Latino families interact with contextual risks. The potential result is inadequately informed theoretical or intervention models and inadequate clinical assessments.

Risk Factors for Latino Youth

The Migration Experience:

Leaving Home and Entering the United States

Children and families immigrate for many reasons and in many ways. Some come to escape poverty or to expand their economic prospects; others come looking for sanctuary from violence; some come as whole families; others send a parent first with children following months or even years later. The reasons one immigrates and the events that happen during that process may shape both a parent's and a child's experience of entering a new country. In their studies of immigrant children, Suárez-Orozco and Suárez-Orozco (2001) along with Portes and Rumbaut (2001) have documented the stress inherent in immigration. Family separations and reunifications, traumatization before and during the journey, changing socioeconomic status, and changes in family rules and roles conspire to make the immigration process a threat to the well-being of both parents and children (Portes & Rumbaut, 2001; Suárez-Orozco & Suárez-Orozco, 2001).

In addition, parents and youth may experience immigration differently. For example, a parent may make the decision to immigrate and be grateful for the chance to work, no matter how hard, in a new land. For the parent in this example, immigration is a chosen stressor. Adolescents, in contrast, may not have participated in the decision to immigrate. When they are confronted with making new friends, planning for their adult life, and learning to operate in the world outside of home in a radically different culture and in another language, their appraisals may be much less positive than those of their parents. The voluntariness or degree of voluntary choice of a stressor is theorized to be related to how one copes with that stressor (Boss, 1988; Rumbaut, 1991). Thus, those who have had immigration imposed on them may be less likely to adapt positively than those for whom immigration was a choice. In addition, Suárez-Orozco and Suárez-Orozco (1995) discuss a dual frame of reference, in which one's current circumstances, no matter how dire, are viewed positively compared with the difficult situations that prompted immigration from one's home country. This dual frame of reference may help parents who made the decision to immigrate endure their adjustment to life in a new country.

Conceptually and practically, it may be advantageous to extend the dual frame of reference concept to consider multiple frames of reference that may exist within families. For example, children and parents may view the same set of circumstances as positive or negative depending on their experience of both the current circumstances in the host country and past circumstances. Children and youth may be protected in their countries of origin from physical poverty or danger in a way that adults cannot be, creating a sense in children that what they gave up is not worth the hardships they endure as new immigrants.

On arrival in the new country, another group of factors is influential. The support found in coethnic communities

and the attitudes of the native culture toward immigrants can create either powerful barriers or opportunities for success (Portes & Rumbaut, 2001; Zayas, Kaplan, Turner, Romano, & Gonzales-Ramos, 2000). Furthermore, work opportunities, the availability of adequate and affordable housing, and the general level of community wealth and support services create a climate that encourages either successful or less successful adaptation by new immigrants (Portes & Rumbaut, 2001).

Acculturation and Assimilation

The experience of immigration is, by definition, one of change. Immigrants leave their native land hoping for a better life in a new place. Yet learning a new language, navigating new systems, reestablishing social connections, and incorporating new norms require a substantial adjustment. Beginning in the 1920s, scholars began examining the process of assimilation (Alba & Nee, 1997). Before 1965, classic assimilation theorists proposed that adaptation to the United States was a gradual but inevitable process by which ethnic immigrants abandoned the culture of their homelands and adopted the cultural and behavioral patterns of the United States (Gordon, 1964). Thus, one was fully assimilated when he or she had given up her or his cultural identity, lost distinctive characteristics, and no longer differed significantly from European Americans.

Assimilation studies have challenged the classic assimilation perspective with findings that associate high levels of assimilation with outcomes that diverge from European American norms (Zhou, 1997). Some first- and second-generation children may have better health, education, and employment outcomes than their White or ethnic native counterparts, whereas others may have significantly worse outcomes (Gans, 1992; Perlmann & Waldinger, 1996; Portes, 1995; Zhou, 1999).

Currently, the term *acculturation* is defined as a process of assuming the values, language, and cultural practices of the new culture (Castro, Coe, Gutierrez, & Saenz, 1996). Assimilation has traditionally been seen as the endpoint of this process. However, some literature has challenged acculturation and assimilation as positive goals for immigrants. Rather, both high and low levels of acculturation have been seen as risks for a variety of problematic behaviors, including substance abuse and mental health difficulties (Al-Issa & Tousignant, 1997; Delgado, 1998; Catetano & Clark, 2003; Szapocznik & Kurtines, 1980; Szapocznik, Kurtines, & Fernandez, 1980). In addition, the process of acculturation is assumed to be fraught with stress and anxiety, a scenario ripe for producing mental health symptoms. *Acculturation strain* is a term commonly used to describe the emotional difficulties experienced as immigrants adapt to their new environment (Gil & Vega, 1999). Combined with previous stressful experiences and recent life events, acculturation strain has been shown to impact depressive symptoms and other manifestations of distress (Cervantes & Castro, 1985; Miranda & Umhoefer, 1998).

Family Functioning and Attitudes

Caregivers, usually parents, must adapt to their own life changes while trying to help their children adapt and adjust. In this situation, the caregiver's mental and emotional health may be negatively affected. A number of scholars have hypothesized and documented the relationship between family functioning in Latino families and stresses associated with immigration and acculturation. In the United States, intergenerational stress is assumed to be normative. However, this experience can be exacerbated in immigrating families in which adolescent rebellion is unanticipated and compounded by children exposed to norms and expectations that are different from those in their home country (Szapocznik & Williams, 2000). Intergenerational conflict has been demonstrated to increase family stress in immigrant families (Szapocznik & Kurtines, 1980; Szapocznik, Santisteban, Kurtines, Perez-Vidal, & Hervis, 1984, 1986; Zayas, 1987). Younger family members who may have more exposure to the host culture through school and other social outlets may adopt norms and values that conflict with those of their elders, creating strained family relationships (Gil & Vega, 1996; Gil et al., 1994; Szapocznik & Williams, 2000).

The link between caregiver mental health and child well-being is well documented for both native and immigrant populations (Lovejoy, Graczyk, O'Hare, & Neuman, 2000). Parental depression and related symptoms of anxiety may affect youth in a variety of ways. Genetic transmission or living with a depressed parent may predispose children to develop depressive symptoms of their own. The parent-child relationship may be further affected by less positive interactions because of the parent's depressive symptoms (Lovejoy et al., 2000). Combined with acculturative stress or symptoms that may follow traumatic events before, during, or after immigration, depressive and related symptoms in parents may be a particularly important issue when considering well-being among new immigrant Latino youth.

School Context and Discrimination

Outside of the family, the school is the most important institutional environment in the socialization and adaptation of immigrant children. Within schools, immigrant youth become intensively exposed to the native culture, experience discrimination from students or teachers, and, as a result, will form beliefs about what society and persons outside of their family expect from them. Investigations show that school characteristics, such as school size and student-teacher ratios, predict half of the variance in student turnover regardless of ethnicity (Rumberger, 1995; Rumberger & Thomas, 2000). Teacher support and perceived meaningfulness of school have been related to student grades and level of educational investment (Bowen & Bowen, 1998a, 1998b). For Latino youth, the percentage of Latino students in the school also appears to be a salient predictor of academic success or failure (Rumberger &

Thomas, 2000). In areas that have not traditionally incorporated significant numbers of immigrants, school policies and procedures concerning language use or classroom placement may place new immigrant students at academic risk.

Schools are often a place where students experience discrimination (Phinney & Tarver, 1988). For new immigrant youth coming to the United States from a country that is much more racially homogenous, seeing themselves as an ethnic minority may be a new and deeply troubling experience (Romero & Roberts, 2003). Unlike racial groups who have experienced discrimination across generations, new immigrant parents may not have the strategies for coping with racism that parents in other minority groups use to help their children cope. Research suggests that incorporating an externally imposed identity as an ethnic minority with limited support for understanding and coping with this task may pose risks to well-being (Smokowski, Chapman, & Bacallao, 2004).

Protective Factors in Latino Families

Three themes have emerged consistently as important to parenting and adolescent development among Latinos in the United States: respect, familism, and biculturalism (Harwood, Leyendecker, Carlson, Asencio, & Miller, 2002; Buriel, 1993; Vega, 1990).

Respect

Respeto, in Latino families, refers to teaching children courtesy and decorum in various social contexts with people of a particular age, sex, and social status. Among adolescents, emphasis on respect in Latino families is associated with greater deference to parental authority and more cooperative behavior (Flanagan, 1996; Fuligni, 1997; Knight, Cota, & Bernal, 1993), cooperative behavior being that which enhances family relationships and precludes risk-taking that might be detrimental to health.

Familism

Familism, or *familismo*, refers to "feelings of loyalty, reciprocity, and solidarity towards members of the family, as well as the notion of the family as an extension of self" (Cortes, 1995, p. 249). Familism has been associated with larger and more cohesive social networks composed of extended family systems (Miller & Harwood, 2001; Gamble & Dalla, 1997). It has also been associated with a normative emphasis on family solidarity and support that is reflected in a less child-centered approach to everyday activities, more frequent contact between family members, more positive attitudes toward parents by their children, and greater levels of satisfaction with family life (Fuligni et al., 1999; Leyendecker et al., 2000; Suárez-Orozco & Suárez-Orozco, 1995; Zayas & Solari, 1994). Finally, this strong sense of family orientation, obligation, and cohesion appears to improve the physical health, emotional

health, and educational well-being of adolescent youth (Bird et al., 2001; Dumka, Roosa, & Jackson, 1997; Hill, Bush, & Roosa, 2003).

Biculturalism

The majority of immigrants successfully navigate becoming a part of a new culture. LaFromboise, Coleman, and Gerton (1993) propose a curvilinear relationship between acculturation levels and problem behavior and symptoms. They posit that the ability to interact positively with the dominant culture while retaining one's cultural identity promotes optimal functioning. Both high and low levels of acculturation are thus undesirable. A middle level of acculturation, in which one is able to interact comfortably with and enjoy aspects of the host culture yet retain one's cultural identity, appears optimal in terms of promoting general well-being. This ability to move comfortably between two cultures is referred to as *biculturalism*. Individuals who are bicultural are believed to have less stress and anxiety because they are not choosing between competing cultural loyalties; rather, they are able to embrace both depending on the situations in which they find themselves (LaFromboise et al., 1993).

Proposed Framework

In one of the first studies on the mental health of immigrants, Rumbaut (1991) developed a general model of how migration experiences affect mental health outcomes. The model he suggests describes the interplay among political, social, and economic factors and individual characteristics that shape the context of a family's exit from one country and entry into another. These include (a) motivations for migration, (b) events preceding migration (e.g., loss of a family member, time in a refugee camp), demographics (i.e., age, gender, and ethnicity), socioeconomic status, physical health, social supports, and acculturation attitudes. We have adapted this model to create an ecological framework that conceptualizes the relationship between the risks inherent in immigration, potential protective factors, and the well-being of Latino youth.

Table 1 presents a series of potential relationships between exit experiences in the home country, entry experiences into the United States, levels of acculturation and biculturalism, family factors, school experiences, and well-being in youth. It represents a hypothesized progression of variables moving from the most distal elements of the immigration experience to those most proximal to the child: the immediate family and school environments. However, this strictly linear interpretation of the model is likely inaccurate. For example, for youth emigrating from countries where family members may have disappeared or otherwise experienced violence or trauma, current mental health symptoms may be directly linked to these past events (Foster, 2001).

Application to Practice

Many texts on methods of interpersonal helping stress the importance of understanding the environments in which individuals and families function (Fraser, 1997; Meyer & Mattaini, 1998; Germain & Gitterman, 1996). Yet research on mental health has been largely defined by the presence or absence of disorder and sets of predictors used that do not take into account the unique aspects of the immigrant experience or culture (Arrington & Wilson; 2000; Vega & Rumbaut, 1991). The proposed framework can assist professionals in working with immigrant clients to consider a broader range of social contexts that may have direct relevance to current well-being. The framework supports the following practice principles:

- Ask parents and youth about their motivations for immigration and their experiences before, during, and after immigration.
- Determine whether different family members hold different frames of reference about the immigration experience.
- Assist parents and youth in talking with one another about their immigration experiences and their current experiences in this country. Encourage both parents and youth to listen to one another before commenting. Many youth may be unaware of the extreme hardships their parents have undergone during the process of immigration. Conversely, many parents may be unaware of the youths' understanding of both past and current experiences.
- Assess levels of acculturation and biculturalism and assist parents and youth in understanding the process of acculturation.
- Look for ways in which parents may already be trying to assist youngsters in coping. Build on strengths.
- To concretely apply these principles, consider two case examples, presented next.¹

Case Example 1. A 12-year-old girl is experiencing depressive symptoms and functioning below grade level in school. She is relatively new to this country but has learned English quickly. A typical assessment might focus on her relationships with her parents and teachers, peer involvement, or whether medication for depression is indicated. However, an assessment using the proposed model, beginning with the immigration experiences and motivations, might reveal a dual frame of reference between the girl and her parents. Her parents immigrated because of a lack of economic opportunity and were in this country for several years before their daughter joined them. Before her arrival in the United States, the daughter lived with her extended family in Mexico. Her parents are employed, speak English well, and are concerned for their daughter's well-being. They are happy to be in this country. Her father described

¹ Taken from actual interviews conducted in a pilot study by the authors.

TABLE 1. Ecological Framework of Latino Youth Relationships

CONTEXT OF EXIT	CONTEXT OF ENTRY	CULTURAL ORIENTATION	FAMILY CONTEXT	SCHOOL CONTEXT	YOUTH WELL-BEING
<i>Socioeconomic</i>	<i>Socioeconomic</i>	<i>Parent</i>	<i>Structure</i>	<i>Youth's Perceptions</i>	<i>Mental Health Symptoms</i>
Employment	Employment	Biculturalism	Household size	School safety	Depressive symptoms
Community size	Community size	Acculturation	Marital status	Teachers support	Anxiety symptoms
Income/wealth	Income/wealth	<i>Youth</i>	Adolescent parenting	Satisfaction	Aggressive behavior
<i>Parent's Migration</i>	<i>Reception</i>	Biculturalism	<i>Wealth</i>	<i>Environment</i>	Somatic complaints
Motivation	Discrimination	Acculturation	Parents' employment	Student-teacher ratio	Trauma symptoms
Experience	Social support		Parents' health	Ethnic composition	<i>Substance Use</i>
<i>Youth's Migration</i>			<i>Functioning</i>	Class size	<i>School Performance</i>
Motivation			Cohesion		Academic
Experience			Adaptation		School drop out
			Familism		<i>Adult Role-Taking</i>
					Adolescent parenting
					Work participation

his first day here saying “I got a job my first day in this country ... I knew I would never be hungry here.” The daughter, however, feels lonely and isolated and particularly misses her grandmother. Her parents have experienced this country as place of opportunity and see their home country as a place of economic deprivation. In contrast, the young girl sees her home country as a place of emotional sustenance because of the wealth of family connections. She and her parents see their home country through different lenses or frames of reference. In addition to being a part of her current difficulties in functioning, over time these widely different frames of reference may contribute to family conflict. Using a traditional approach that would not consider the elements included in the model specified in this study, the social worker involved might inaccurately assess the issues that are pertinent to a particular immigrant family and the appropriate targets for intervention. Simply opening up the conversation between parents and children about how and why immigration decisions were made may lay the foundation for enhanced family understanding and, as a result, the child's individual well-being.

Case Example 2. A second case example illustrates the value in having parents and youth discuss conflict that they both believe they already understand. In this situation, a teenage boy and his mother are locked in conflict over his American friends. His mother reports her concerns over his involvement with non-Latino American friends. She believes that his relationships with them will lead him into risky behaviors such as drug use and early sexual involvements. She sees her son as becoming more aggressive and belligerent toward her, disobeying house rules, and wanting to stay out too late at night. By focusing on acculturation issues, the boy was able to describe to his mother the importance of his American friends and what functions they served for him. Specifically, they taught him how to say certain things in English that he needed to know in order to communicate. They showed him how to access resources from teachers and administrators within the school. In essence, they served as cultural ambassadors who

helped him navigate a strange new world. On learning this, the boy's mother was interested in getting to know these American friends and supporting the new relationships that were so important to her son.

Communicating With Families. When considering family strengths, helping professionals might ask parents what they do to ease their children's adjustment. One mother described active problem-solving to help her daughter reclaim her heritage in the face of discriminatory comments at school. This mother began telling her daughter stories of relatives and traditions from the family's home country with which her daughter was unfamiliar. They began cooking traditional dishes together. Gradually, the daughter began to take pride in these facets of her identity and wanted to share them with her peers. It is important for social workers to look for these strategies and ask parents and youth questions that will allow them to share the ways in which they combat the negative aspects of the host culture.

Helping professionals regularly assist family members in enhancing communication and identifying strengths on which to build. However, the literature suggests that using these strategies around specific subject matter is particularly critical in assisting immigrant families who are experiencing difficulties in a host culture. These principles, in combination with helping roles such as brokering and advocating for services on behalf of vulnerable clients, provide a more comprehensive assessment framework for working with these new immigrant clients.

Conclusion

When ecological models are combined with a risk and protective factor framework, a powerful synergy allows for more highly specified models. The model proposed in the current study applies such a framework to the struggles of new Latino immigrant families. This model allows a broader view of the social ecology of new immigrants. In addition to the risk and protective factors commonly considered for youth, other contexts (e.g., immigration experiences, host culture attitudes, school ethnic composition) are

equally important in promoting or hindering adaptation in this country. Yet many practitioners may not have had the opportunity to think about risks unique to new immigrants. It is difficult for many citizens of the United States to imagine scenarios that lead families to immigrate: governments that sanction the disappearance of citizens, economies that deny opportunity to all but the wealthiest citizens, and the desperation inherent in choosing to cross dangerous rivers into even more dangerous deserts. In addition, the immediate needs of youth and those who are attempting to educate or otherwise work with them are sometimes so pressing that a clinician may not take the time needed to fully explore the context from which the current issues emanate. The model outlined here will assist practitioners in being more mindful of those contexts and their inherent risks.

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