This chapter provides an overview of main theoretical guidelines on migration adaptive outcomes, based on two conceptual models (Garcia Coll & Szalacha, 2004; Brody et al., 2002). The aim is to present recent studies relevant to the topic. First, the notions of psychological and socio-cultural adjustment within a framework on immigrant communities will be defined on this basis, an integrative model on development for children with an immigrant background is provided with reference to parental psychological functioning and child adjustment. Then the main questions which guided the research reported in this thesis are stated.

1.1 Adaptive Outcomes of Cultural Change

Individual outcomes following cross-cultural transitions have been studied in terms of two major categories: psychological and socio-cultural. Psychological adjustment concerns mental health aspects such as depressive symptoms, mood disturbances, general well-being and satisfaction with life. Socio-cultural adjustment refers to social competence and ability to interact adequately in the host society.

The conceptual framework of these adjustment domains has been developed by Ward and colleagues, who argue that psychological adjustment is defined in terms of emotional and affective outcomes, while socio-cultural refers to behavioural competence (Ward & Kennedy, 1999; Searle & Ward, 1990). Accordingly, the authors maintain the premise that psychological adjustment can be best investigated within stress and coping abilities domains, while socio-cultural adaptation is conceptualised within social skills and culture competence approach.

The distinction between psychological and socio-cultural adjustment has been conceived based on results from empirical research, which has demonstrated that these categories are strongly associated and the strength of their correlation is influenced by
several factors. Psychological adjustment in terms of psychological and emotional well-being, is altered by life changes, coping abilities, personality characteristics and social support. Positive psychological outcomes are related to positive experienced life changes, including the ability to cope adequately with the demands in the new culture and relationship satisfaction. As a consequence, low incidence of life changes and adequate social support facilitate psychologically adaptive outcomes (Searle & Ward, 1990). Conversely, psychological difficulties are associated with high intensity of migration-related stressors, incidence of life changes, depression and negative coping styles (Kia-Keating, 2006).

By contrast, socio-cultural adjustment, defined in terms of social and behavioural competence is affected by culture-specific factors, such as length of residence in the host culture, interactions with host nationals, cultural distance and language fluency. Successful socio-cultural outcomes are determined by greater amount of contact with own community, greater cultural similarity and improved language knowledge of the receiving society. Socio-cultural difficulties in migrant populations have been linked to a cultural incongruity and less interaction and identification with host nationals (Ward & Searle, 1991; Bhugra & Arya, 2005).

A central topic bearing on the strength and weaknesses in the psychological and socio-cultural adaptation outcomes of immigrant populations in the host community concerns group vitality. The notion is one of the major and most important factors of adjustment and refers to specific behaviours of minority ethnic groups which make them distinctive and collective entity within the majority context (Bourhis et al., 1997).

Group vitality accounts for ethnic dynamism and support in terms of socio-demographic characteristics, such as immigrants’ demographic presence and the sharing of common experiences. Feelings of psychological closeness, while facing similar problems of cultural adjustment are a valuable support for the members of the ethnic group. As examples, immigrant groups, characterized by low ethnic vitality will experience more stress and psychological difficulties related to their adaptation in the new country than would high or medium vitality populations (Bourhis & Dayan, 2004). A minority group that is vital and supportive, facilitates positive relationships, social success and successful coping with difficulties of its members.

It is also likely that in ethnically dense populations, there is a negative correlation between the incidence of psychological distress and the size of the ethnic group relative to the native one. Living in culturally dense contexts, characterized by the same ethnic
group around the individual may have a significant effect in the genesis, prevalence and maintenance of different types of psychological distress (Bhugra & Arya, 2005). Moreover, minority networks provide social support and increase coping effectiveness (Atzaba-Poria & Pike, 2005). The inter-relations between ethnic vitality, emotional well-being and social relationships of migrant communities within a host culture promotes positive, adaptive psychological and socio-cultural outcomes (Ait Ouarasse & van de Vijver, 2004).

Psychological and socio-cultural definitions of adaptive outcomes in migrant populations have important points in common. The analysis of these factors clearly shows their relevance for adjustment outcomes in minority settings, which have distinctive relationship pathways with identifiable dimensions. The framework on two adjustment outcomes with factors affecting them, provides an useful comparative approach for the research on cross-cultural transition and adaptation. An overview of recent research findings on psychological and socio-cultural adjustment outcomes in immigrant children follows. This will set main guidelines for investigating and understanding the mechanisms involved in such outcomes in the Italian migration context.

1.2 Research of Psychological and Socio-cultural Adaptive Outcomes in Immigrant Children

Extensive cross-cultural research has identified developmental pathways involved in the process of adapting of immigrant children to the new culture, indicating both increased and decreased rates in their psychological and socio-cultural outcomes compared to children of majority groups. The higher or lower levels of such outcomes have been conceptualised within two main predictions, referred as the migration-morbidity and selective-migration hypotheses.

The first hypothesis states that there is a strong relationship between migrant status and psychological morbidity that leads to vulnerability and increase of psychopathological symptoms in immigrant populations (Klimidis et al., 1994; Papageorgiou et al., 2000). Conversely, the selective migration hypothesis contends that migration does not necessary increase the risk for mental disorders. Therefore not all
migrants manifest psychological and socio-cultural adjustment problems in respect to the native population (Fichter et al., 2004).

In regards to the *migration-morbidity hypothesis*, numerous studies across various cultures have documented the prevalence of psychological and socio-cultural adjustment difficulties in immigrant samples. There is evidence showing that children from different cultural backgrounds living in the United Kingdom report higher internalizing symptoms and emotional distress than their British peers (Leavey et al., 2004; Atzaba-Poria et al., 2004).

In a cross-sectional investigation using the Strengths and Difficulties Questionnaire, Leavey et al. (2004) examined the prevalence of psychological problems among migrant schoolchildren compared to their UK-born peers. Most of the evidence on psychological distress revealed that migrant children reported significantly higher total difficulties scores, higher levels of emotional symptoms and peer problems than their UK-born counterparts. Migrant children were also more likely to come from socially disadvantaged and low-income families and had poor English language skills strongly associated with their psychological distress in terms of social maladjustment.

Mohammadi, Taylor and Fombonne (2006) examined the prevalence of psychological problems in children whose families have emigrated from Iran to the UK. Data were collected in a group of 244 children and adolescents between the ages 6 to 15, using parental ratings on Child Behaviour Check List, teacher ratings on the Teacher’s Report Form and children’s Youth Self-Report scores (Achenbach, 1991). The results showed that Iranian immigrant children and adolescents presented higher level of psychological problems than their UK counterparts.

Further evidence for the higher prevalence of psychological maladjustment in immigrant children living in Britain have been reported by Atzaba-Poria and Pike (2005). The study findings suggest that Indian immigrant children display more internalizing problems than their English peers. Additionally, exploratory factors such as social support and parental style in affecting child adjustment differences were examined. The results suggest that parental negativity and lack of social support mediated the link between migrant status and child problems. Parental styles were significantly different between groups, with Indian mothers reporting lower levels of positivity and Indian fathers reporting higher levels of negativity. Furthermore, immigrant parents reported lower levels of social support that was directly associated with their children’s internalizing problems. Differences in parenting were attributed to
Theory and findings

the fact that, in comparison to English parents, Indian parents experienced elevated levels of social isolation, language difficulties, and discrimination due to recent immigration. There results gave evidence that parental social support and parenting style mediate the link between immigrant factor and children’s problem behaviour. Specifically, a path analysis among these factors sustained the relation of migration stress, reducing quality of parenting and child adjustment.

Severe symptoms of anxiety, depression and post-traumatic stress appear to be among the most powerful mediators of high prevalence of emotional and behavioral problems of migrant children residing in Belgium, as reported by social workers and children themselves (Derluyn & Broekaert, 2007). Similar findings are obtained by teacher and parents’ assessment on psychological and socio-cultural difficulties in a sample of 276 children from the former Soviet Union immigrated in Greece, compared to a control group of 251 native children. Immigrant children were rated as showing more apathy, social isolation, and psychological concerns, and worries. They were more frequently involved in bullying than their non-immigrant counterparts (Kolaitis et al., 2003).

In Netherlands, Janssen et al. (2004) compared levels of self reported emotional and behavioural problems between immigrant Turkish ($N = 379$) and non-immigrant Dutch ($N = 1,039$) samples. Total problem scores were significantly higher for the immigrant group, most markedly regarding anxiety, depression and delinquent behaviour. Similar evidence has also been found for Turkish immigrant children in Netherlands, who engage more in delinquent and aggressive behaviour and are at greater risk for withdrawn, depressive symptoms, somatic complaints and attention problems (Sowa et al., 2000; Bengi-Arslan et al., 2002; Crijnen et al., 2000; Murad et al., 2003; Reijneveld et al., 2005). Therefore, such group disparities maintain their stability in adolescence as recently documented for Turkish migrants who reported more internalizing and externalizing problems than Dutch natives (van Oort et al., 2007).

The negative migration impact is furthermore reported by Stevens et al. (2003) who compared two immigrant groups, originating from different societies but with similar culture characteristics and migration history. The sample was composed by 819 Moroccan and 833 Turkish immigrant children and 2,227 native Dutch children between the ages of 4 and 18. The analyses of parent, teacher and self reports on children’s problem behaviour revealed that, the effects of migration on the two ethnic groups were rather different as Moroccan pupils reported less problems than their
Turkish counterparts. Compared to the Dutch control group, Turkish and Moroccan immigrant children showed high level of internalizing and externalizing problems as reported by parents and teachers respectively.

The process of adapting to a foreign culture and its negative effects on children emotional functioning is acknowledged by Yurtbay et al. (2003) in a study of Albanian immigrant \((N = 250)\) and Turkish non-immigrant children and adolescents \((N = 118)\). The comparison of depressive symptoms and trait anxiety levels were found to be particularly high among the Albanian minority group, particularly irritability, loneliness, nightmares, sleep problems and changes in appetite.

In a study of 526 children in the south-east regions of Turkey, the most popular region for migrants inside the country, Diler, Avci and Seydaoglugb (2003) assessed emotional and behavioural problems in migrant children and compared them with those reported by non-migrant children. Migrant children had significantly lower self-esteem, lower academic success, higher depressive and anxiety symptoms in comparison to non-migrant children with increasing problems linked to longer duration of residence after migration. Moreover, migrant children more often shared a socially disadvantage family environment. Their parents had inadequate education and employment problems, compared to the non-migrant group.

Learning the social norms of a new culture is a process marred by severe psychological stress. This has been linked with low self-esteem, less positive self concept, higher general anxiety and poor social adaptation. Moreover, the presence of these psychological and socio-cultural difficulties is strongly mediated by language proficiency. Adequate competencies in the language of the host culture appears to influence anxiety levels in immigrant children (Roberts and Schneider, 1999). When compared to German-speaking immigrants, children with poor language skills showed stability in general anxiety symptoms at a relatively high level. Thus, the lower academic achievement level affected by changes in school, teacher, and curriculum as well as lower socio-economic status of immigrant families are mainly responsible for lower self-esteem and higher anxiety in immigrant children.
Notably, the latter results within the European context, deem migration experience to be extremely stress-conductive for immigrant children. Similar empirical support for such a thesis comes from other countries with a long-lasting experience in receiving migrant populations. Findings from the United States, Australia, Canada and New Zealand document that migrants' children appear to be more affected by psychological and socio-cultural problems than native-born children.

The relationship between cumulative stress experiences and severe psychological and socio-cultural problems has been acknowledged by empirical findings which document high rates of mental health symptoms in child immigrants to the United States (Aguilera-Guzman et al., 2004). These symptoms have been found to be associated with substantial exposure to stressful life events experienced before, during and after migration process. The rates of violence exposure are also highly correlated with the presence of depressive and posttraumatic stress symptoms. Thus many children reported clinical levels of these symptoms, compared to the native non-immigrant population (Jaycox et al., 2002; Kataoka et al., 2003).

Similarly, Holzer et al. (1988) reports a significantly higher prevalence rate of psychiatric disorders among 10 to 17-year-old Vietnamese children and adolescents immigrants in Texas than that registered for the general native-born population within the same age group. Furthermore, other evidence indicates that anxiety disorders appear to be more frequent in Mexican immigrant children and adolescents in the American context. In a study of a tri-ethnic immigrant sample of 2528 students, Glover et al. (1999), compared the ratings on anxiety symptoms between Hispanics of Mexican-American origin and African-Americans. The mean score on the anxiety subscale measured by The Youth Self-Report (Achenbach & Edelbrock, 1987) was significantly higher for the predominantly Mexican-American students compared to the native African-American group. Thus, factors due to being born outside the United States, linguistic fluency, low SES and family composition had a significant impact on anxiety symptoms of immigrant youth (Glover et al, 1999).

Related research on the largest ethnic minority group of American immigrant children provides support for the migration-morbidity thesis, suggesting that Latino children are at greatest risk for behavioral and developmental disorders, comparable to other ethnic groups. The higher prevalence of such symptoms contributes to additional severe mental health problems in these populations (Flores et al., 2002). Moreover, rates of anxiety, depression, and suicidal ideation have been found to be higher among Latino
immigrant samples when compared to non-immigrant ones, especially during adolescence (Garcia & Saewyc, 2007).

Studies of psychological adjustment among children and adolescents in the general Australian population report data on higher distress rates among immigrant than non-immigrant children (Sawyer et al., 2001; McKelvey et al., 2002). Krupinski and Burrows (1986) documented that, in the first 2 years post-migration period to Australia, Vietnamese children and adolescents present higher mental health problems than that of their Australian-born peers. Some of the adjustment problems documented in immigrant youth in Australia included significantly lower self-esteem, higher maladjustment test scores, and greater use of alcohol and drugs (Kahn & Fua, 1995).

Using data from the National Longitudinal Survey of Children and Youth, Ma (2002) examined the status of behavioral and emotional problems of immigrant children in Canada. Data from outcome measures of conduct disorder, indirect aggression, hyperactivity, prosocial behavior and emotional disorder were collected on a national random sample of 22,831 school-aged children and their families coming from rural regions, 46 specific and 25 major cities. Results indicated that, among the reported psychological and socio-cultural problems by the participants, there was concern about emotional disorders in immigrant children compared to Canadian-born counterparts. Such disorder was the only outcome with a significant effect at the national level.

Research on the extent of mental health problems among students from Asian countries who immigrated to New Zealand has established the higher psychological disorder rates in these populations. Compared to native-born New Zealanders, the negative influence of various stressors faced by these youths, such as language barriers, acculturative stress and lack of social support networks, place them at risk for serious emotional and behavioural problems (Ho et al., 2003).

All these findings clearly point out that for immigrant children, adaptation to a new environment could be conductive to psychological disturbances, which seriously interfere with psychological and socio-cultural functioning. However, the literature on the topic suggests some contradictory results. Although, considered a population exposed to higher risk for emotional and behavioural problems, studies show that many immigrant children do not present such problems due to their successful coping within the receiving country. Some immigrant children are considered to perform so well that
they are included within the “model minority” groups – a term that applies to ethnic minorities whose members achieve adaptive outcomes, characterized by higher degree of success than the native population average (Yang, 2004). A recent conceptualization in developmental literature of this emerging phenomenon involves also an “immigrant paradox“. That is the fact that, counter intuitively, children of first generation immigrants show better adaptation than their peers (Sam, 2007).

In the last two decades following this line of research, studies from several European and non-European countries have confirmed this hypothesis, showing that migration does not always lead to increased levels of mental health problems. Recent research providing support for the selective-migration hypothesis, proves that immigrant children do not uniformly show more emotional and behavioural difficulties or even may perform better than their non-immigrant peers. These studies provide excellent examples through which to examine the relationship between children’s psychological and socio-cultural functioning and protective factors sustaining positive adjustment outcomes.

Evidence on the successful psychological functioning of children of immigrants if often related to the degree of parental adaptation in the host society and the effects of parental social variables such as language ability (Roebers & Schneider, 1999), social integration (Sowa et al., 2000) and social support (Stansfeld et al., 2004). Generally, there is better functioning in children of immigrant parents who are successfully adapted in terms of psychological and socio-cultural outcomes, socio-economical and professional social status, who speak the language of the host culture well, and have supportive friends or ethnic community. Moreover, parental emotional well-being, family functioning, ethnic community vitality with strong social support network - have all been linked to decreased levels of psychological stress. Research also suggests that personal and situational variables may protect immigrant children by buffering the impact of stressful experiences. Probably, whether a given groups of immigrant children will exhibit adjustment difficulties is related to the presence of such buffering factors.

Within the European area, various studies support the hypothesis of selective migration, reporting lower psychological and socio-cultural problem ratings in immigrant as compared to native children. Stansfeld et al. (2004) analyzing data from Community Health Survey in East London in a school-based epidemiological study of 2790 students, found that, despite living in socially deprived conditions, immigrant children registered rates of psychological distress and behavioral disturbance similar to
those of the UK national sample. Bangladeshi children, although highly socio-
economically disadvantaged, reported lower rates of psychological distress and
depressive symptoms even after controlling for gender, age and socio-economic status.
The decreased risk of adjustment problems in the sample examined, was explained by
cultural protective factors such as high level of family support, high ethnic vitality and
community density, which characterize Bangladeshi population in East London. The
negative effects of migration on children’s mental health and social deprivation-related
experience may be istigated by community support, strong cultural identity and
cohesion.

Atzaba-Poria, Pike and Barett (2004) investigated the adjustment of Indian
immigrant children residing in Britain compared to their native-born peers. Data were
collected from parents and teachers on a sample of 125 children (66 Indian and 59
English) between 7 and 9 years. Analyses revealed no significant group differences for
externalizing and total problem behaviours, suggesting that Indian children are well
adjusted in Britain. According to the authors, better adjustment in immigrant children
reflectes greater societal acceptance, ethnic density and general community adaptation.
These results relate to important cultural factors, suggesting that Indian ethnic
community has made a choice not to adopt a British lifestyle, retaining its Indian
customs and values. Moreover India’s historical association with Britain resulted in
large immigration of Indian people who are currently the biggest ethnic minority group
in Britain. Such ethnic-specific context appear to promote psychological adaptation in
immigrant children with Indian background.

Using data from an epidemiological survey of multi-ethnic population in London
borough, Felton and Richman (1980), compared the presence of behavior problems in
West Indian and British-born children. Even though the immigrant children had
experienced poorer family conditions and more separations, the results did not show
higher rates of behavior problems. The authors ascribe such result to different child-
rearing practices, larger family size and ethnic support, that in spite of increased social
disadvantages, could play a protective role on the adjustment of children of West Indian
origin, showing a decreased rate of their behavioral difficulties.

Howard and Hodes (2000) in a study comparing psychopathology and social
adjustment of refugee, immigrant, and British children in West London report similar
findings. Immigrant children showed same levels of psychosocial functioning as the
non-immigrant. In contrast, given the specific effects of persecution and violence
leading to refugee status, refugee children differed to the latter groups. They presented an increased rate of risk factors for psychosocial disorders such as violence exposure, family losses, parental unemployment, and social isolation.

A decrease in mental health problems in Greek immigrant samples has been reported in several studies. Steinhausen and Remschmidt (1982) studied the psychiatric disorders in Greek immigrant and German native children aged 8-11 living in West Berlin. The prevalence of psychiatric disorders were less common among the Greek children, meaning that migration-related factors do not appear to influence child adjustment. Thus, all children, immigrant and non-immigrant achieved equal school performance. The lack of group differences was not affected by family SES conditions, even though immigrant families shared more stained and socially deprived living conditions. Factors related to family functioning and community network among Greek families appeared relatively important in determining lower psychiatric levels of Greek children.

According to similar data from Germany, migration did not lead to a global decrease of self-concept or to an increase of general anxiety in the immigrant, compared to the native children. In a longitudinal study of 364 immigrant and non-immigrant children, Roebers and Schneider (1999) examined psychological and socio-cultural outcomes in regard to school achievement, self-concept, anxiety, and peer relations. Lack of group differences in child adjustment was related to linguistic issues. An interesting result was due to the facilitating effect of language for child social adaptation. Language competencies reduce the insecurity in immigrant children, thus making it easier to establish new friendships. Over time, immigrant children with improved knowledge of German adapted faster concerning the number of social relations they had established in school, caught up faster and to a higher degree than the non-immigrant children in size of their peer and social network.

In order to investigate the psychopathology of children from immigrant families in Greece, Anagnostopoulos et al. (2004) analyzed data from a Community Mental Health Centre in Athens. Data were collected on child's country of origin, family living conditions, parents' socio-economic, occupational and educational situation, as well as child and parent levels of psychopathology. Despite the fact that, 91% of the immigrant group received a psychosocial diagnosis compared to 49% of the Greek group, immigrant children did not present more serious or diverse psychopathology than the controls. No group differences emerged regarding frequency or type of psychiatric
diagnosis. Even when comparing immigrant and non-immigrant families, no significant differences were found regarding family's structure and parents' psychopathology, despite the fact that immigrant families had worse economic situations, poor living conditions and lower status occupations.

Another study in Greece, assessed the psychosocial adaptation of immigrant children aged 8-12 years from countries of the former Soviet Union, Kolaitis et al. (2003) failed to detect significant differences between immigrant and native children. The main reasons for such results were attributed to strong family support and absence of social marginalization or discrimination. Moreover, there were particular migration-specific characteristics of the study group, which were additional positive factor for successful adaptation in the receiving country. These children were of Pontian origin (Greek ethnicity citizens of the former USSR republics), and had moved with their families in Greece after the dissolution of the Soviet Union. Thus they had not immigrating to a “foreign” country, but rather to their “native” one.

Similar findings report Giavrimis et al. (2003) in a sample of 246 immigrant and 236 indigenous children in Greece. There were no group differences as all participants reported positive conceptions in all domains relating to self-concept. The authors interpreted these result due to positive and successful acculturation strategies of the immigrant sample. Moreover, the influence of important cultural factors was taken into account. For example, immigrant children from Eastern Europe and Albania were facilitated in adjusting to the new country due to sharing a similar ethnic background as native Greek children.

In a study comparing levels of adjustment in Turkish migrant and non-immigrant children, Diler, Avci and Seydaogluglub (2003) found significantly more behavioral problems in terms of compliance and school success in the immigrant group. Despite social and family deprivation, behavioral problems were negligible in relation to migration and insignificant not only in non-migrant children but also in migrant children. The authors conclude that economic and socio-cultural hardship due to migration could contribute to emotional problems of immigrant children, but whether migration itself is a risk factor for emotional or behavioral problems remains an empirical question.
In a Dutch study of 833 children ages 4 through 18, Sowa et al. (2000) found same levels of behavioral disturbance as measured by the Child Behavior Checklist, among children of Turkish immigrant parents and children of native Dutch parents. Although problem behaviors were higher among immigrant children who had had prolonged separation experiences, migration alone did not contribute to such behaviors. In both groups- immigrant and non-immigrant, family factors due to quarrels, divorce, conviction, and parents psychological problems increased the risk for psychological disturbances. In the immigrant group, the results indicated that opportunities for contact with the host population and increased integration of the Turkish community were accompanied by a reduction in children’s problem behaviors.

Similarly, Stevens et al. (2003) based on parent, teacher and self-reported problems, compared Moroccan and Turkish immigrant with Dutch children and adolescents. The effects of migration were rather insignificant as all children belonging to the immigrant groups reported less emotional and behavioral problems compared to Dutch pupils. The authors replicated these results in another more recently conducted study, in order to investigate the factors influencing the social and emotional development of immigrant children and youth (Stevens et al., 2005). The results confirmed that the impact of migration factor on internalizing and externalizing problems was small, but there were significant relations between child problems and family factors due to parent-child relationship. Lack of parental support, frequent conflicts between parents and child vulnerability, appeared to be strong predictors of stress-related and increased risk for child maladjustment. Moreover, the associations between these predictors and child problems were equally strong for Moroccan immigrant and Dutch native children.

In Sweden, Wahlsten, Ahmad and von Knorring (2001), compared trauma scores and posttraumatic stress symptoms between Kurdistanian children and parents and a comparable group of native children and parents. Although Kurdistanian parents reported considerably more traumatic migration-related events than Swedish parents, children in both samples showed more similarities than differences in regard to severe psychological adjustment problems. Apart from migration and war experience, immigrant and native children reported no differences in their psychological functioning and posttraumatic stress disorders. Similar results emerged in a following study, investigating child self-rating of behavioural problems and competence as compared with their parents’ ratings in same ethnic groups of Kurdistanian and Swedish children.
(Wahlsten, Ahmad & von Knorring, 2002). Regardless of immigrant background, there were more similarities than differences in the behavioral and competence problems as reported by children. An interesting result emerged according to parents’ data. The Swedish parents reported lower scores than their children, compared to the immigrant parents. Given the overlap between parents and children reports in the immigrant group, it appeared that the Kurdistanian parents’ knowledge and understanding of their children’s behavioral problems were more similar to their children. Additionally, such inter-independence between immigrant parents and their children supports the fact that they share in similar way the experience of migrating to a new country and being a part of a minority culture in Sweden.

In America (Fuligni, 1998; Aronowitz, 1992), Australia (McKelvey et al., 2002) and Canada (Beiser et al., 2002; Greenfield et al., 2006), studies of diverse immigrant populations have also contributed to disconfirm global impressions that immigrant children are more distressed than non-immigrant children. Numerous cross-sectional studies investigated immigration influences in various ethnic groups, child/adolescent and distress, and the relationship between these two variables.

Chiu, Feldman and Rosenthal (1992), assessed the amount of emotional distress and psychosomatic complains reported by first and second generation immigrant children and adolescents and their perception of family characteristics and parental behaviors. The study compared Chinese and Caucasian immigrants in two different host countries, the U.S. and Australia. The authors discovered that there were no differences between immigrant and non-immigrant groups in the relationships between child distress and family factors. Moreover, immigrant children and youth reported at least as many emotional and physical symptoms as non-immigrant. Both groups - immigrant and non-immigrant did not differ in associations between child outcomes and parenting behaviors, indicating that migration experience is not necessarily linked to poor adjustment or difficult family interactions. These findings are interpreted as evidence that migration and acculturation did not markedly influence family functioning, parents’ behaviors and psychological and socio-cultural adjustment in their children.

Aronowitz (1992) studied of 51 Jewish children who immigrated to the United States from the former Soviet Union and 51 American-born Jewish children. They investigated child social and school adjustment and the contribution of parental characteristics such as parental attitude toward social change and new experiences of the successful adjustment. Results support the position that migration does not necessarily
compromise social adjustment as no significant difference was found between the immigrant Soviet-born and native American children. Moreover, the child's status as an immigrant or a native was not correlated with adjustment in school. There was a significant positive relationship between parental attitude toward social change and the psychological adjustment of both immigrant and native children, indicating that parental tolerance for social change and new experience assumes greater significance as mediator for children's adjustment. Similarity between parental attitude to change and children's adjustment in both immigrant and native samples suggests that it is not the experiences or the magnitude of social change due to migration which is so important for adjustment but how these experiences are mediated within the family.

According to a representative study of 20,000 adolescents in the United States, Fuligni (1998) reports that first and second-generation adolescents of Asian and Latin American origin were less likely to experience emotional and antisocial behavioral problems such as engaging in delinquent acts, violence and use of drugs and alcohol. Moreover, children from families immigrated in the US exhibit positive adjustment even if compared with American-born children of the same ethnic origins. For example, Mexican youths display less externalizing problems, violent or delinquent behavior and better mental health outcomes than their Mexican peers from the second and third immigrant generations with Latin American background.

Evidence for ethnic minority children spared from risk for problem behavior derives from other non-European sources. The fact that immigration is not necessarily a risk factor for the development of psychopathology is supported by Australian findings, reporting that non-immigrant adolescents present even higher emotional and behavioural problems than immigrant adolescents. Such evidence was predicted by other variables than immigration per se, such as family intactness and poor socioeconomic status (Davis & McKelvey, 1998; Pawlick et al., 1996).

McKelvey et al. (2002) report that the prevalence of psychiatric disorders among Vietnamese immigrant children aged 9 to 17 years was similar to that found among children in Australia's general population. Data were collected from 582 participants and their parents through structured diagnostic interview based on the revised edition of Diagnostic Statistical Manual-DSM-III. Overall anxiety disorders, especially simple and social phobias accounted for 85% of disorders described by children and 88% of disorders described by parents, which was similar to the prevalence of psychiatric problems in the general child and adolescent population in other parts of Australia and
other Western countries. But when comparing the immigrant and non-immigrant groups, no differences were found in the rates of disorder in children born in Vietnam or Australia. Also, immigrant parents reported a very low rate of disorders and an even lower rate of poor mental health in their children. According to the authors, such prevalence rates were affected by the inclusion of children less than 11 years of age, for whom the psychiatric disorders may be less reliable.

Factors influencing the adaptation and integration of immigrant children in Canada have been linked to language proficiency, the socio-economic class of parents, the extent of culture shock, teacher expectations (Samuel & Verma, 1992). For example, Munroe-Blum and colleagues (1989) compared 2852 Canadian ethnic minority and majority children, aged 4 to 16 years, revealing that being an ethnic minority child was not a risk indicator for psychiatric disorder or for poor school performance.

Beiser et al. (2002) provide one of the most sophisticated analyses to date of the contradictions faced by immigrant children in Canada. Their study examined effects of poverty on the mental health in 3 subgroups of children born in a foreign country ($N = 684$), Canadian-born children of immigrant parents ($N = 2573$) and non-immigrant children with Canadian-born parents ($N = 10092$). Compared to their Canadian-born immigrant and non-immigrant peers, foreign-born children were more likely to share poor family conditions, but they showed lower levels of emotional and behavioral problems. Even family characteristics such as single-parent status, poor parental psychological well-being and family dysfunction did not affect the relationship between poverty and mental health of immigrant children or Canadian-born children of immigrant parents. By contrast, in the non-immigrant children group, these factors accounted for most of the variance attributable to the poverty effects on child adjustment. Variables due to ineffective parenting, parental depression, and family dysfunction played a relatively weak role among foreign-born children. In the Canadian-born immigrant and non-immigrant children, these factors mediated the relationship between poverty and child problems. The effects of economic disadvantage on children’s psychological problems were indirect in both immigrant and non-immigrant groups and thus, strongly influenced by parental depression and dysfunction at family and parenting levels.
Lower suicide rate in immigrant samples than their Canadian non-immigrant peers have also been reported. Greenfield et al. (2006) compared risk factors for suicide in 286 North American immigrant and native Canadian groups. There were no statistically significant group differences with respect to suicidality and diagnostic measures of depression, conduct disorder, and levels of functioning. The only difference was attributed to the lower rate of drug use in the immigrant group, which was a factor, contributing to the lower suicide rate among immigrants.

1.2.1 Summary

This overview of studies in variety of cultural settings, suggests that immigrant children may adjust psychologically and socio-culturally either better or less well than the native children from majority populations into which they migrate. This conclusion is not surprising given the complexity of variables affecting immigrants' mental health, including pre-migratory, migratory and post-migratory conditions and experiences, as well as immigrants' personal and social resources. In addition, methodological differences between studies such as the use of different ethnic community samples in different countries of settlement for the members of these communities may also account for differences in findings. Explanatory theories of immigrant children’s adjustment have to accommodate all these conditions in accounting for better or lesser outcome variability. The appropriate research question is no longer whether migration leads to higher or lower rates of psychological and socio-cultural adjustment difficulties, but rather which of the variables involved in the process of migration and culture change are most salient in mediating the adjustment of immigrant children differentially.

Given the disparity in results reported across studies in different parts of the world, there is clearly a need for further investigation to unravel the relationship between immigration and the development of maladjustment among children and adolescents. Such research should consider a wide range of variables potentially related to psychological and socio-cultural adjustment problems, including ethnic group characteristics, family factors, socio-economic status, language spoken at home and the effects of ethnically diverse families and their children.
The aim of the present program of research is to contribute to the knowledge in this field, thus investigating the complex relationships between migration factors and child psychological and socio-cultural adjustment within the school and family contexts in Italy. To address these questions, we refer to an integrative theoretical model of child adjustment formulated specifically for understanding the development of immigrant children (García Coll & Szlacha, 2004).

1.3 An Integrative Model of Developmental Competencies in Immigrant Children

Research on the psychological and socio-cultural outcomes of children of immigrants has been conducted almost exclusively with adolescents (García Coll et al., 1996; García Coll, Szalacha & Palacios, 2005). One exception is the model developed by García Coll and Szalacha (2004) who provides a valuable heuristic guide to research on these populations. The model on which this paragraph is based is designed to examine the developmental pathways during middle childhood from 6 to 12 years of age, which is a crucial stage in children's development with relevant implications for immigrant children's future life trajectories. The specific goals are to report on the psychological and socio-cultural pathways in children from immigrant families as a function of many contextual influences. The theoretical framework expands on an “ecological” and “interactionist” approach to immigrant children’s development, which is assumed to be influenced not only by family systems, but also by promoting or inhibiting nature of school and neighborhood with which the child and family interact.

According to the model, among ethnic minority and immigrant children, developmental outcomes such as psychological and socio-cultural adjustment must be understood in terms of demographic contexts such as social position, ethnicity and gender that influence and interact with the child and the family. In this framework, it is important to consider these contexts for children of immigrant parents, as they influence their developmental outcomes in terms of social, emotional and cognitive competencies.

The model hypothesizes the existence of eight constructs influencing immigrant children’s normative development in a context (Figure 1). These constructs include variables related to (1) social position (e.g., ethnicity, social class, gender), (2) social stratification (e.g., prejudice, discrimination), (3) social segregation (e.g., socio-economical and psychological), (4) promoting or inhibiting environments (e.g., schools
and neighborhoods), (5) adaptive culture and current demands (e.g., migration history and acculturation experiences), (6) child characteristics (e.g., age, psychological and health factors), (7) family (e.g., structure, functioning and socialization) and (8) child developmental competencies (e.g., cognitive, social and emotional).

The strongest influence is acknowledged to be social position variables which determine practices of stratification and discrimination, such as racism, oppression, and prejudice. In turn, these processes contribute to the creation of unique and segregated psychological realities. Ethnic minority and immigrant children are directly influenced by racism and prejudice and are indirectly affected by the limited opportunities that are created as a consequence of social segregation and discrimination. These multifaceted environments can then have a strong impact on the development of the adaptive cultures that arise out of children’s and families’ experiences in the host culture. They also involve organizational needs in relation to the new context, to historical factors prior to migration, to cultural values, and to attitudes. The adaptive culture is therefore a result of a minority group’s collective historical background and the new demands of promoting/inhibiting environments.

Both adaptive culture and developmental environments play a key role in family processes and have a direct impact on children’s developmental competencies. All these concepts are vital for studying and understanding complex migration processes and the many ways they can affect children’s outcomes.

The authors argue that a hallmark of this framework is its emphasis on social position and child variables. These represent classes of variables particularly salient in determining immigrant children’s psychological and socio-cultural outcomes. The present investigation draws on this conceptual work in order to identify and assess the influence of variables in these domains in immigrant children living in Italy. Yet, before attempting to draw causal inferences on the psychological and socio-cultural consequences of these variables, it is important to examine specific family and parental characteristics and their impact on children’s developmental competencies.
Figure 1
An Integrative Model of Child Development
(Garcia Coll & Szalacha, 2004)
To better accommodate the exigencies in immigrant children development, we have augmented the integrative model with an additional parental psychological well-being perspective, which also emphasizes the role of migration and context specific factors. The conceptual model proposed by Brody et al. (2002; 2004) provides an additional lens for viewing immigrant family, involving parental psychological well-being, parent-child relationship and children psychological and socio-cultural adjustment.

1.4 Pathways Linking Family Process to Child Adjustment

Consistent with the second ecological model that guided the present study, the next paragraph presents the theoretical framework identifying family process, linked to psychological and socio-cultural adjustment among ethnic minority children. The model provided by Brody et al. (2002) identifies relationships between parental domains (e.g., education, income and psychological functioning), competence-promoting parenting and child adjustment. Parental domains are defined as distal variables that are indirectly associated with child competence through their association with parenting. Parenting processes are conceived as proximal variables that are directly linked to variations in child competence and adjustment.

As the integrative model postulates, there is a strong relation between distal variables. Greater parental education is associated with higher family income as a result of better employment opportunities. Higher income and family socio-economic status are associated with better parental psychological functioning, including more positive sense of self, greater optimism, and fewer depressive symptoms.

Parental psychological functioning affects child adjustment through competence-promoting parenting practices. In particular, parental psychological well-being such as higher self-esteem, greater optimism and lower depressive symptoms forecast support and involvement in parent-child relationships. Involved and supportive parenting facilitates the development of children’s competence, which enables them to cope effectively with stressful experiences. By contrast, high levels of parental depression, low self-esteem and optimism determine more negative family relations and thus, interacting with a depressed and hostile parents promotes negative outcomes for the
child. Such process leads to less supportive parent-child relationships and less adaptive functioning for both parents and their children.

Brody et al. (2002) have persuasively argued that the presence of harmonious family interactions and involved parent-child relationships were associated with greater psychological and socio-cultural competence among school-aged ethnic minority children. These competence promoting family processes are more likely to emerge when parents reported high levels of optimism, self-esteem and general emotional well-being.

The two developmental perspectives provided by Garcia Coll and Szalacha (2004) and Brody et al. (2004; 2002) have been combined for a study of Italian ethnic minority and immigrant children. The models are linked insofar as a child's psychological and socio-cultural adjustment, which is the outcome of the first, when it results in a deviation from a normative family pattern, sets into motion the second model describing parental well-being and parent-child relationships.

The first of the linked models predicts engaging in behaviors leading to psychological difficulties and is consistent with the integrative approach to minority children development and migration experience. This model, presented in Figure 1, depicts social stratification derivatives ethnicity, income, and family of origin as independent variables. The latent variable of migration process is assumed to be a major underpinning of children’s outcomes, predicting the likelihood of psychological and socio-cultural problems.

The second model joins the integrative model of immigrant children life-course development perspective with Brody and his colleagues' (2002) conceptual model of parental psychological functioning. The same set of independent and moderator variables still exert an influence on child developmental competencies, but there are additional sources of influence. These are the family socio-economic conditions, parents psychological functioning, adequate parenting, and the nature of relationship between parents and the child.

Drawing on this conceptual work, the current thesis offers the prospect of further elaboration and reworking of these themes, as well as charting new directions in narrowing the gap about the role of migrant and culture factors in explaining family processes and child outcomes. Yet, before attempting to draw causal inferences on the psychological consequences of these difficult experiences, it is important to examine specific local immigration characteristics, especially cultural, ethnic, and minority
factors and their impact on children’s developmental competencies. The next chapter provides recent data on the immigration phenomena in Italy, drawing on important factors which identify diverse ethnic communities of immigrant parents and their children within the national and regional contexts.