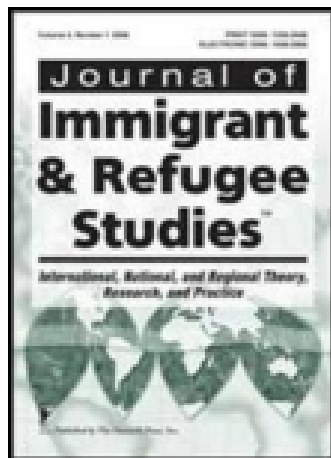


This article was downloaded by: [Interdisciplinary Center IDC]

On: 09 February 2015, At: 23:39

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



[Click for updates](#)

Journal of Immigrant & Refugee Studies

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/wimm20>

Mental Health and Engagement in Risk Behaviors Among Migrant Adolescents in Israel: The Protective Functions of Secure Attachment, Self-Esteem, and Perceived Peer Support

Anat Shoshani^a, Ora Nakash^a, Hani Zubida^b & Robin A. Harper^c

^a School of Psychology, Interdisciplinary Center Herzliya (IDC), Herzliya, Israel

^b Department of Political Science, The Max Stern Yezreel Valley College, Yezreel Valley, Israel

^c York College, City University of New York, Jamaica, New York, USA
Published online: 20 Aug 2014.

To cite this article: Anat Shoshani, Ora Nakash, Hani Zubida & Robin A. Harper (2014) Mental Health and Engagement in Risk Behaviors Among Migrant Adolescents in Israel: The Protective Functions of Secure Attachment, Self-Esteem, and Perceived Peer Support, *Journal of Immigrant & Refugee Studies*, 12:3, 233-249, DOI: [10.1080/15562948.2013.827769](https://doi.org/10.1080/15562948.2013.827769)

To link to this article: <http://dx.doi.org/10.1080/15562948.2013.827769>

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms &

Mental Health and Engagement in Risk Behaviors Among Migrant Adolescents in Israel: The Protective Functions of Secure Attachment, Self-Esteem, and Perceived Peer Support

ANAT SHOSHANI and ORA NAKASH

School of Psychology, Interdisciplinary Center Herzliya (IDC), Herzliya, Israel

HANI ZUBIDA

Department of Political Science, The Max Stern Yezreel Valley College, Yezreel Valley, Israel

ROBIN A. HARPER

York College, City University of New York, Jamaica, New York, USA

The study examined the role of resilience factors (self-esteem, secure attachment, and perceived peer support) in predicting mental health symptoms and engagement in risk behaviors among 144 migrant adolescents of work migrants and asylum seekers compared to 146 native-born adolescents in Israel. Migrants' age and gender were associated with mental health, higher engagement in risk behaviors among older participants, and elevated symptoms among females. Self-esteem, level of secure attachment, and supportive peer-relationships were correlated with lower mental health symptomatology among migrants. The findings highlight the importance of strengthening the interpersonal support systems of migrant youth for better mental health outcomes.

KEYWORDS *Migration, mental health, resilience, adolescents, attachment, self-esteem*

During the last few decades, as a result of global technological, socioeconomic, and political developments there has been unprecedented growth in the rate of international migration. According to the International

Address correspondence to Anat Shoshani, Interdisciplinary Center Herzliya (IDC), School of Psychology, P.O. Box 167, Herzliya, 46150, Israel. E-mail: ashoshani@idc.ac.il

Organization for Migration, the number of international migrants rose from 150 million in 2000 to 214 million in 2010 (International Organization for Migration, 2010).

Israel has been caught up in this global trend and has become a destination for mass foreign immigration mostly from the Philippines, Nepal, Thailand, Romania, China, and the republics of the former Soviet Union, some of whom make up for the shortfall of Palestinian workers since the 1991 Gulf War when Israel closed its borders with the West Bank and Gaza. In 1991, the Israeli parliament passed new legislation to regulate the employment of work migrants. The number of guest workers rose rapidly, and in 2010 it was estimated at more than a quarter of a million. In addition, there are currently about 26,000 asylum seekers and refugees in Israel, mostly from Eritrea and Sudan. It is estimated that approximately 2,000 non-Jewish children of labor migrants and 1,000 children of asylum seekers and migrants without a residence permit currently reside in Israel (Nathan, 2010).

Migrant youth are a particularly vulnerable subgroup in the migration process. The absence of legal, socioeconomic, or financial status in addition to cultural and language barriers, as well as possible changes in family structure and social support networks can result in mental health problems (Chan, Mercer, Yue, Wong, & Griffiths, 2009). The psychological challenges of the period of adolescence itself, with its unique processes of separation from parents, building new social relationships, and learning to be autonomous can be intensified for migrant adolescents who grow up between two cultures and face conflicting cultural expectations related to roles, behaviors, and values (Stevens & Vollebergh, 2008). These factors make the study of the impact of migration on adolescents' mental health an important area for investigation. However, in the broad research field of migrants' mental health, scant attention has been paid to prevention of mental ill-health among adolescents whose families migrate, and much of the existing research is steeped in the language of risk. This research field is predominately guided by a Western deficits model that tends to focus on adversity, trauma, and distress in the terrain of mental illness rather than looking for the inherent resilience and strengths that can manifest in response to such extraordinary life experiences. As a consequence, migrants' resilience is often overshadowed by the pervasiveness of the risk, stress, and trauma narratives in migrant people's lives (Hutchinson & Dorsett, 2012).

Despite the challenges faced by migrants, a relatively new trend in the literature suggests that many migrants exhibit significant strength, ability to flourish, and resilience, which facilitate their adjustment to the host country (Shakespeare-Finch & Wickham, 2009). An important conclusion from many of these studies is that although migrant youth are at high risk for mental health problems for various factors, many of these factors can be modified. This strongly suggests that migrants should be considered as an at-risk population that is nevertheless eminently suitable for community-based

prevention and health promotion initiatives. Prevention programs dealing with stress and trauma have undergone a shift in perspective from individual to community intervention. As such, interventions generally focus on at-risk populations in the community, adopt a group format, and aim to strengthen individual capacities and promote protective factors that buffer risk factors (Cowen, 2000). Despite the seemingly clear-cut advantages of prevention interventions, little research addressed protective factors that are uniquely associated with better mental health outcomes among migrant adolescents that can guide the design of future prevention programs for migrant youth.

To better characterize both the mental health risk and resilience among migrant adolescents, this study examined mental health symptoms and engagement in risk behaviors in adolescents from migrant families compared to native-born Jewish adolescents. It also aimed to pinpoint individual and interpersonal protective factors that could mitigate these effects and decrease mental health risks among migrant adolescents.

MENTAL HEALTH OF MIGRANT ADOLESCENTS

Recent research on mental health consequences of migration among children has documented the ways in which migration contributes to subsequent mental health distress, and in some cases, longer term psychopathology. Long-term effects include increased levels of internalizing and externalizing problem behavior, posttraumatic stress disorder, anxiety, depression, feelings of alienation, psychosomatic symptoms, identity diffusion, and increased engagement in risk behaviors such as substance abuse, unprotected sex, and delinquency (Chan et al., 2009).

The classical acculturation-stress hypothesis maintains that migrants experience a higher burden of mental health than the host population as a direct consequence of the migration process (Berry, 2001). Stress can be associated with the premigration stage. Children who migrate from less developed countries may face health issues such as poor nutrition and incomplete immunization. In addition to these health risks, unstable environments, and traumatic events that precede the act of migration such as war, conflict, and torture may predispose migrant adults and their children to mental health problems (Stevens & Vollebergh, 2008).

In addition, migration to a new country may be accompanied by acculturation stress associated with the changes and adaptations that occur when people are required to adapt to a new country and culture (Berry, 2001). The process of acculturation has been associated with a range of difficulties such as financial hardships, difficulties in language, lack of recognition of overseas qualifications, and conflicts between the traditional culture's values and norms and those of the receiving society (Berry, 2001). In addition, migrant youth may face generational confrontations and internal conflicts

about their interethnic identity. Even for those children who are born in the host country, social settings may turn into a negative experience of isolation, rejection, and lack of acceptance (Dion & Dion, 2001).

RESILIENCE IN MIGRATION

Resilience refers to the process or capacity by which successful adaptation is achieved despite challenging or threatening circumstances (Werner & Smith, 1982). The literature has identified several personal qualities that build resilience among migrants such as adaptability and perseverance, optimism, hope, and refocusing on the future, sense of control, and active coping rather than victimization (Gorman, Brough, & Ramirez, 2003). External sources of support are also significant in the construction of migrants' resilience. Several qualitative studies have emphasized the importance of giving and receiving support from the family, friends, and the community in bolstering migrants' resilience (Hutchinson & Dorsett, 2012).

These studies indicate that resilience moves beyond the essentialist concepts of risk and resilience to a more relational dynamic perspective that involves individual qualities that interact within a social context. Rather than a set of traits or a universal formula, resilience encompasses the interaction of social, family, and individual influences that mediate the influence of adversities over time (Walsh, 2003). This perspective is compatible with Social Construction Theory, which argues that interpretation and knowledge about the world stem from exchanges between people in their social and cultural context (Payne, 2011). From this dynamic perspective, resilience may be broadly understood as an outcome of the ecologies within which adolescents are embedded that support their adaptation, such as settings (home, school and child care centers, and other institutions, for example), neighborhoods, communities, and governments (Werner & Smith, 1982). The present study aimed to examine resilience among migrant adolescents in Israel from an ecological framework, focusing on three central protective factors from the resilience literature—namely, self-esteem, parent-child secure attachment, and perceived peer support.

Ecological Perspective of Self-Esteem

Self-esteem is generally defined as a general attitude regarding a person's self worth and refers to the person's evaluation of the discrepancy between the actual self and the ideal self. A considerable incongruence between the ideal self and the actual self results in low self-esteem, whereas a small incongruence is usually indicative of high self-esteem (Lawrence, 2000).

Ecological and transactional approaches have argued that self-esteem is dependent on successful accommodation between the individual and his/her

social contexts. From this perspective, other people in the social environment serve as a social mirror to shape the attitudes of significant others about themselves (Baldwin & Hoffmann, 2002). Theories of social identity and self-esteem have suggested that adolescents' congruity or "goodness of fit" to the overall context can influence their self-esteem. Adolescents compare themselves to reference groups in the social environment based on their similarity or dissimilarity with regard to visible social categorized markers such as race, language, religion, class, and nationality. Self-esteem tends to be lower in dissonant contexts in which the level of social dissimilarity is higher. A sense of dissonance at school represents a developmental mismatch between adolescents' heightened needs for positive peer appraisals and their alienated school context (Clements & Seidman, 2002).

For example, some studies have found that African American, Hispanic American, and European American adolescents exhibit lower self-esteem and are often portrayed as being at higher risk for maladjustment when they form a minority in their schools (Twenge & Crocker, 2002). Aksel, Gun, Irmak, & Cengselci (2007) found that adolescent migrants in Turkey scored significantly lower on self-esteem and life satisfaction and had fewer people in their social support networks than did their local counterparts.

While self-esteem is widely recognized as having a pervasive influence on many aspects of psychological functioning including well-being, life satisfaction, human growth, coping with stress, happiness, and psychological health (Lawrence, 2000), little is known about the protective function of self-esteem for migrant adolescents. However, in one study on a variety of migrant groups in Australia, self-esteem emerged as a significant predictor of psychological health in that greater self-esteem was strongly associated with fewer psychological symptoms and distress (Nesdale & Mak, 2003).

Parent-Child Secure Attachment

The quality of the parent-child relationship is an important factor affecting the development of children and adolescents. Attachment Theory, which focuses on the perceived quality of the relationships between parents and their children, claims that parents' provision of responsive and consistent caregiving leads to a sense of trust and competence in the parent-child relationships. These qualities then translate into internal working models that are particularly crucial for the development of children's later relationships and emotional well-being (Cassidy & Shaver, 1999).

A plethora of studies have showed that parent-adolescent relationships characterized by secure attachments are related to positive psychological outcomes in adolescence such as fewer mental health problems, lower levels of antisocial and aggressive behavior and risky sexual activity, and more adaptive coping strategies (Cassidy & Shaver, 1999). Secure attachment takes

on an even greater importance for the psychological development of adolescents in high-risk environments and has been found to be an essential factor of resilience in youth (Werner & Smith, 1982). For example, Wasserman, Miller, Pinner, & Jaramillo (1996) showed that low parental involvement and monitoring, as well as parent-child conflict, each made significant contributions to increased levels of child behavioral problems in high-risk urban boys.

Several researchers have emphasized the importance of family relationships in playing a role in migrant groups' adjustment and well-being. In a qualitative study, Sossou, Craig, Ogren, & Schnak (2008) interviewed Bosnian refugee women living in the southern U.S. states. Their research showed that family was the most important factor in the Bosnian women's resilience. They described the need to be strong for their families and mentioned the support received from their children and spouses as a key factor in developing their resilience. Similarly, qualitative studies with a refugee community in Australia also confirmed the significant role of family support and its relationship to resilience (Schweitzer, Greenslade, & Kagee, 2007). However, studies examining the relations between secure attachment and adjustment among migrant youth are scarce.

Perceived Peer Support

Numerous studies over the years have shown that social support, which involves the provision of psychological and material resources, is associated with positive mental health outcomes. Studies indicate that individuals characterized by supportive social contacts with friends and spouses and other family members are in better health than those with fewer close and supportive relationships (Haroz et al., 2013). The stress-buffering model posits that social support mitigates the relation between stressful life events and mental health symptoms by providing a solution to a stressful problem, minimizing its perceived hazards, or amplifying healthy responses (Pinkerton & Dolan, 2007). A social network of mutual assistance and obligations has the potential to provide functional and emotional exchanges for its members and is known to mute the experience of stress, enhance well-being, and speed mental and physical recovery (Kamya, 1997).

Studies have found that supportive peer relationships enhance the well-being of migrant children and adolescents (Stewart et al., 2008). Correa-Velez, Gifford, & Barnett (2010) found that refugee youth in Australia who reported having a strong attachment with their ethnic peers exhibited better coping with resettlement and significantly greater levels of well-being. The availability of a close network during resettlement can shelter migrant youth from adaptational stresses, either by serving as a social support system or by functioning as an escape hatch from mental ill-health (Kamya, 1997).

HYPOTHESES

We hypothesized that (1) migration will affect mental health, such that migrant adolescents would report more mental health symptoms and increased engagement in risk behaviors compared to their native Israeli counterparts and (2) high self-esteem, secure attachment, and perceived peer support will have a moderating effect on the relationship between migration and mental health, such that high self-esteem, secure attachment, and perceived peer support would be negatively correlated with mental health symptoms and engagement in risk behaviors among migrant adolescents.

METHOD

Participants

The sample consisted of 290 participants, 144 irregular migrant adolescents, and an age-matched sample of 146 native Israeli Jewish adolescents aged 12 to 17 years ($M = 14.52$, $SD = 1.42$) from two public schools in central Israel, approximately evenly divided by gender in each sample. Both schools were located in urban areas that were characterized by inferior socioeconomic circumstances. However, the native Israeli families had an advantage in housing, jobs, and health care access. In addition, most of the migrant adolescents lived in a neighborhood with a high concentration of work migrants and asylum seekers, where there were high levels of poverty and crime. The sociodemographic characteristics of the migrant and native participants are presented in Table 1. Fifty percent of migrant adolescents were born outside Israel, and 50% were born in Israel to migrant parents. The majority of the migrant participants were Christian whereas the entire sample of native Israelis was Jewish. Among the migrant adolescents, 54% reported living with both parents in the household, 15% reported living with adult family members in addition to their parents, and 64% reported having siblings living with them. Among the native Israeli adolescents, 72% reported living with both parents, 4% reported living with adult family members in addition to their parents, and 88% reported having siblings.

Instruments

SOCIODEMOGRAPHIC MEASURE

This included self-report questions about gender, age, participant's country of birth, parents' country of birth, religion, family members living in the household, and socioeconomic status determined by a set of income thresholds (very low, low, average, good, very good).

TABLE 1 Sociodemographic Characteristics of Migrant and Native Israeli Participants

Sociodemographic Characteristics	Migrant Adolescents <i>n</i> = 144	Native Israelis <i>n</i> = 146
Age	<i>M</i> = 14.64, <i>SD</i> = 1.80	<i>M</i> = 14.4, <i>SD</i> = 1.21
Gender		
Male	51.4% <i>n</i> = 74	52.7% <i>n</i> = 77
Female	48.6% <i>n</i> = 70	47.3% <i>n</i> = 69
Birthplace		
Israel	50% <i>n</i> = 72	100% <i>n</i> = 146
Asia	8.3% <i>n</i> = 12	
Former Soviet Union and Eastern Europe	14.5% <i>n</i> = 21	
South America	5.6% <i>n</i> = 8	
Africa	16% <i>n</i> = 23	
Middle East	5.6% <i>n</i> = 8	
Socioeconomic Status		
Very good	22.9% <i>n</i> = 33	10.3% <i>n</i> = 15
Good	31.9% <i>n</i> = 46	13.01% <i>n</i> = 13
Average	33.3% <i>n</i> = 48	26.7% <i>n</i> = 39
Low	5.6% <i>n</i> = 8	33.6% <i>n</i> = 49
Very low	6.3% <i>n</i> = 9	16.3% <i>n</i> = 24
Religion		
Jewish	9.7% <i>n</i> = 14	100% <i>n</i> = 146
Muslim	21.5% <i>n</i> = 31	
Christian	61.1% <i>n</i> = 88	
Other	7.7% <i>n</i> = 11	

MENTAL HEALTH

The adolescents’ mental health was measured by the Brief Symptom Inventory (BSI) (Derogatis & Spencer, 1982). The BSI comprises 53 self-report symptom items rated on a 4-point Likert scale to identify clinically relevant psychological symptoms in adolescents and report norms from that age such as, “Feeling lonely even when you are with people,” “Feeling afraid in open spaces,” and “Feeling fearful.” The inventory provides distress indices and symptom load assessments on 10 subscales—somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychotic ideation, and miscellaneous. For a single summary measure, Derogatis and Spencer (1982) recommend the Global Severity Index (GSI), calculated as the average of ratings assigned to symptoms. The BSI has yielded good reliability and high concurrent validity with the MMPI. In addition, it has a cross-cultural validity as demonstrated by research incorporated in Pakistan, Great Britain, Spain, India, Russia, and Nepal (Watson & Sinha, 1999).

RISK BEHAVIOR

The adolescents’ risk behavior was measured by the Middle School Youth Risk Behavior Survey (Centers for Disease Control and Prevention, 2011),

which is a brief self-report measure that assesses engagement in risk behaviors in the past 2 years. The scale employs a 5-point Likert scale ranging from (1), not at all, to (5), very much. In the current study we included 10 items, such as, "Have you ever carried a weapon, such as a gun, knife, or club" and "Have you ever used psychoactive drugs?" The YRBS has been widely used in research with adolescents in Asian countries, such as China, Thailand, and Vietnam, and also in Canada, North America, and Europe and has demonstrated a good cross-cultural validity (Centers for Disease Control and Prevention, 2011).

SELF-ESTEEM

Adolescents' self esteem was measured by the Single-Item Self-Esteem Scale (SISE) (Robins, Hendin, & Trzesniewski, 2001). This scale was used to assess participants' self-esteem via the following question, "I see myself as a person with high self-esteem." Answers were given on a 9-point scale ranging from (1), strongly disagree, to (9), strongly agree. This measure has met the desired criterion for validity, with significant correlations with a wide range of criterion measures.

ATTACHMENT

The adolescents' sense of attachment security was measured by the 9-item Adolescent Attachment Questionnaire (AAQ) (West, Rose, Spreng, Sheldon-Keller, & Adam, 1998). Due to preliminary information regarding a high incidence of single-parent families without fathers in the migrant sample, items referred to relationships with the mother. This brief questionnaire assesses attachment characteristics in adolescents and was developed and validated on large samples of adolescents (West et al., 1998). The AAQ assesses the adolescent's confidence in the availability and responsiveness of the attachment figure. Examples include, "My parent only seems to notice me when I am angry," and "I'm confident that my parent will listen to me." The sum ratings of items served as the final score of reported security in the relationship.

PERCEIVED PEER SUPPORT

The adolescents' perceived peer support was measured by the Friends subscale of the Multidimensional Scale of Perceived Social Support-MSPSS (Zimet, Dahlem, Zimet, & Farley, 1988). This 4-item subscale assesses adolescents' self-perceptions of their friends as providers of support. Examples include, "My friends really try to help me," "I can count on my friends when things go wrong," and "I have friends with whom I can share my joys and

sorrows.” Items were rated on a 5-point scale (1 = strongly disagree; 5 = strongly agree) and yielded good internal consistency in our study.

Procedure

After receiving authorization for the study from the school principals, the schools acquired passive consent from parents and written consent from the adolescents themselves. There were no objections to participating in the study. Migrant participants were recruited from a school in central Israel that has a large non-Jewish migrant population. The sample of native Israeli adolescents was recruited from an additional public school in central Israel. Data were collected in May, 2011. All participants completed the research questionnaires. The average time to complete all measures was 30 minutes. All study procedures were approved by the Israeli Ministry of Education's ethics committee.

RESULTS

The first hypothesis predicted that migrant adolescents would exhibit more mental health symptoms and increased engagement in risk behaviors compared to their native Israeli counterparts. *T*-test analyses were used to examine the differences between the two groups on the Global Severity Index (GSI) of the BSI, the specific mental health BSI subscales, and risk behaviors.

This hypothesis was confirmed in that nativity group had a statistically significant effect on the BSI global severity index, $t(289) = 3.54$, $p < .001$, $r = .20$; somatization scale, $t(289) = 4.15$, $p < .001$, $r = .05$; obsessive-compulsive scale, $t(289) = 4.62$, $p < .001$, $r = .24$; anxiety scale, $t(289) = 3.94$; $p < .001$, $r = .23$; psychotic ideation scale $t(289) = 2.07$, $p = .04$, $r = .12$; hostility scale, $t(289) = 3.53$; $p < .001$; $r = .20$; and phobic anxiety scale, $t(289) = 2.63$; $p = .009$, $r = .15$. Migrant adolescents reported significantly higher levels of somatization, anxiety, phobic anxiety, hostility, psychotic ideation, obsessive-compulsive, and general mental health symptoms (GSI). No significant differences were found between migrant adolescents and the native-Israeli group on the BSI scales for interpersonal sensitivity, depression, or paranoid ideation. In addition, as expected, migrant adolescents reported a significantly higher level of engagement in risk behaviors compared with native Israelis, $t(289) = 3.87$, $p < .001$, $r = .22$. Specifically, they reported higher levels of involvement in a physical fight, carrying a weapon, suffering from underweight, and consumption of television and Internet.

Finally, comparisons between the two groups revealed significant differences in level of secure attachment, $t(289) = 2.07$, $p = .04$, $r = .12$, and perceived peer support, $t(289) = 3.51$, $p = .001$, $r = .20$, with the native-born

TABLE 2 Means and Standard Deviation of Mental Health Symptoms, Risk Behavior Index, and Protective Factors Among Migrants and Native Israelis

	Migrant Adolescents		Native Israelis	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
BSI General Severity Index***	1.24	0.74	0.92	0.79
BSI somatization scale***	1.21	0.90	0.78	0.83
BSI anxiety scale***	1.30	0.84	0.92	0.82
BSI phobic anxiety scale	0.86	0.77	0.61	0.82
BSI hostility scale***	1.39	1.05	0.96	0.95
BSI psychotic ideation scale*	1.15	0.83	0.94	0.93
BSI obsessive-compulsive scale***	1.55	0.92	1.06	0.90
Risk behavior index***	18.74	5.69	16.28	5.03
Involvement in a physical fight**	2.10	1.24	1.68	1.08
Carrying a weapon**	1.42	0.99	1.14	0.53
Suffering from low weight*	1.52	1.00	1.28	0.81
Television consumption***	2.92	1.51	2.22	1.12
Internet consumption***	3.38	1.54	2.60	1.36
Secure attachment*	28.67	6.79	30.06	4.27
Perceived peer support**	3.73	0.89	4.08	0.75

* $p < .05$, ** $p < .01$, *** $p < .001$

Note. BSI = Brief Symptom Inventory.

Jewish group scoring significantly higher on the two measures. No significant differences emerged in self esteem between the two groups. Means and standard deviations of mental health symptoms, risk behaviors, and the protective factors according to nativity group are presented in Table 2.

The second hypothesis predicted that high self-esteem, secure attachment, and supportive peer relationships would be negatively correlated with mental health symptoms and engagement in risk behaviors among migrant adolescents. In order to examine the effect of these potential protective factors on mental health symptoms and risk behaviors, two hierarchical (two-step) linear regression analyses were computed. The BSI General Severity Index (GSI) and risk behavior index were entered as the dependent variables in each regression. The independent variables included demographic variables in the first block (gender, age, and socioeconomic status) and self-esteem, level of secure attachment, and perceived peer support in the second block.

The bivariate correlations between independent and dependent variables among migrant participants are presented in Table 3. There were significant moderate-to-small positive correlations between the BSI global severity index (GSI) and engagement in risk behaviors, age, and SES. In addition, as expected, significant moderate-to-small negative correlations were also observed between the GSI, self-esteem, secure attachment, and supportive peer relationships. Also importantly, secure attachment was significantly negatively correlated with engagement in risk behaviors.

TABLE 3 Bivariate Correlations Between Independent and Dependent Variables Among Migrant Participants

Variable	1	2	3	4	5	6	7	8
1. BSI GSI	—	.41**	.16	.17*	.21*	-.39**	-.26**	-.31**
2. Risk Behaviors		—	-.12	.17*	-.001	-.06	-.37**	-.07
3. Gender			—	.12	.03	-.13	.07	-.05
4. Age				—	.27**	-.05	-.02	-.09
5. SES					—	-.32**	-.01	-.23**
6. Self-Esteem						—	.09	.47**
7. Attachment							—	.02
8. Peer Support								—

* $p < .05$, ** $p < .01$
Note. BSI GSI = General severity index of the Brief Symptom Inventory, SES = socioeconomic status.

The linear combination of the predictors was found to be significantly related to levels of mental health symptoms among migrant adolescents, $R = 0.54$, $R^2 = 0.29$, $F(6,137) = 7.12$, $p < .001$, and indicated that approximately 29% of the variance of the GSI levels in the sample could be accounted for by the linear combination of the predictors. As expected, self-esteem ($\beta = -.21$, $p < .05$), level of secure attachment ($\beta = -.27$, $p < .01$), and supportive peer relationships ($\beta = -.24$, $p < .01$) were significantly and negatively correlated with high levels of mental health symptomatology. In addition, gender was significantly correlated with the GSI ($\beta = -.19$, $p < .05$), with female gender related to increased mental health symptoms.

When examining risk behaviors among migrant adolescents, the entire model result was also significant, predicting 16% of the variance in risk behaviors, $R = 0.40$, $R^2 = 0.16$, $F(6,137) = 3.28$, $p = .005$. Level of secure attachment was the independent variable most strongly associated with risk behaviors ($\beta = -.36$, $p < .001$). Participants' age was also significantly associated with risk behaviors ($\beta = .17$, $p < .05$) with increased risk behavior among older participants. In contrast to the GSI regression analysis, self esteem and perceived peer support were not significantly related to risk behaviors.

DISCUSSION

Much of the literature on migrant youth to date focuses on identifying at-risk children who are likely to experience adjustment difficulties, while the empirical evidence for resilience factors that improve the condition of migrant youth remains nascent. The present analysis of resilience factors provides initial evidence that such factors are involved at several levels of the migrant adolescent's social environment.

The findings concerning the impact of migration on mental health symptoms observed here are consistent with this literature on mental health consequences of migration in children (Chan, Mercer, Yue, Wong, & Griffiths, 2009) and showed substantially higher levels of mental health symptoms and engagement in risk behaviors among migrant adolescents compared to native Israelis. In particular, migrant adolescents reported higher levels of involvement in fights, carrying a weapon, being underweight, and media consumption. In addition they reported higher levels of anxiety symptoms such as somatization, phobic anxiety, hostility, and obsessive-compulsive symptomatology.

These poorer health outcomes contradict the healthy migrant paradox that refers to the widespread epidemiological phenomenon of the health advantage of first-generation immigrants over the native-born population despite their lower socioeconomic status (McKay, Macintyre, & Ellaway, 2003). This effect has been attributed to the preselection of more healthy individuals for migration. However, there has been strong evidence that this health advantage diminishes over time as a result of acculturation stress and unfavorable socioeconomic status (Kennedy & McDonald, 2006). It is important to note that 90% of the migrant adolescents in this study were not Jewish and, therefore, did not meet the criteria for granting citizenship in Israel (Rosenhek, 2000). This fragile residency status, together with the fact that 70% of all non-Jewish migrants in Israel are undocumented workers, and tourists without a valid visa who are employed in a variety of low-paid jobs and live under constant threat of arrest, detention, and/or deportation (Rosenhek, 2000) may help account for the elevated levels of stress among the migrant sample in our study.

However, the findings also suggest that the elevated odds of risk behaviors and anxiety symptoms among migrant youth are strongly linked to their level of secure attachment with their parents. In this study, migrant adolescents exhibited lower levels of secure attachment than native Israelis. Migration often results in prolonged separation of family members. In a study of 400 immigrant youth from five regions in the United States, it was found that fully 80% had been separated from their parents for between several months and several years (Suárez-Orozco & Suárez-Orozco, 2001). In the present study, 46% of the migrant adolescents reported living in a single-parent family. In addition, migrant parents in Israel are much more likely to be working long hours outside the home (Rosenhek, 2000), making it difficult for them to monitor their children's progress and activities. This has obvious implications for parents' capacity to be emotionally available to their children. These findings are consistent with the premises of attachment theory concerning the importance of secure and stable relations with parents, and the negative consequences of early parental deprivation, and also corroborate the literature on children who are deprived of parental care as a result of a parent's death, divorce, or abandonment (Bowlby, 1980).

From a resilience perspective, the level of secure attachment had the most influence on mental health symptoms and engagement in risk behaviors of migrant adolescents in this study. Migrant adolescents with secure attachment relationships reported having better mental health and lower levels of risk behaviors. According to Bowlby (1980), attachment is a stress-reducing and safety-promoting behavioral system that is activated in times of distress and trouble. The availability of an attachment figure increases adolescents' feeling of support and sense of security and enables them to cope with difficult circumstances. The anxiety-buffering function of close relationships has particular importance for migrant youth who are facing both developmental and migration-related concerns that require the full support of their parents to sustain a sense of safety.

Self-esteem was also found to be an important moderating factor for mental health symptoms among the migrant group. Interestingly, there were no significant differences in self-esteem between the migrant adolescents and the native Israelis in this study. It is important to note that the migrant adolescents in the present study lived in neighborhoods and attended school with a high concentration of migrant students. Relying on ecological approaches for self-esteem, the ethnic composition of school contexts and the implicit and explicit ways in which teachers and schools promote multiculturalism and value diversity have been found to be influential factors in migrant youth's self-esteem and ethnic experiences (Brown & Chu, 2012). A body of literature on the topic of ethnic differences and self-esteem has concluded that self-esteem is enhanced in ethnic consonance contexts where the ethnic group constituted the majority (Clements & Seidman, 2002).

Beyond self-esteem, migrant students' perceived peer support also exerted a significant influence on their mental health. This finding supports the stress-buffering effect of social support that has been documented in previous studies of migrant children and adolescents (Stewart et al., 2008). Interestingly, migrant adolescents from low socioeconomic backgrounds reported having significantly higher peer support at school. There is evidence that disadvantaged students have less external sources of support, and therefore receiving support at school has a major influence, in contrast to advantaged students who are likely to have sources of support outside of school (Demanet & Van Houtte, 2011).

Given the importance of self-esteem, positive peer relations, and close relationships with parents in the mental health of migrant adolescents, intensive efforts should be made to help the children of migrants build their self-confidence, develop social ties, and foster parental emotional support to promote their ability to handle difficulties in settling in the new country.

This study has several limitations. First, the study results relied on self-report questionnaires of adolescents who might provide inaccurate or biased reports, especially in the case of mental health symptoms and in problem behavior reports. Taking into account different informants (self-, parent-, and

teacher-reports) could provide more accurate information about adolescents' mental health and engagement in risk behaviors. In addition, the study was limited to descriptive observations from self-reporting instruments; whereas a qualitative or mixed-method design that integrates in-depth interviews with the participants could enable a better understanding of the meaning of migrant youth's resilience.

Second, the present study compared native youth with migrant youth from a variety of backgrounds. Although these groups may have experienced different premigration trajectories, a more accurate differentiation between migration categories (i.e., asylum seekers, refugees, and labor immigrants) was hard to achieve because of the difficulty of obtaining accurate information (in part for political reasons such as illegal migration). Nevertheless, migrant adolescents in Israel regardless of background are likely to share similar postmigration stressors as a result of their disadvantaged social status; specifically, the fact that they are non-Jews and that they and their families are mostly employed in unskilled jobs. Finally, a longitudinal study design would complement this study, as changes in mental health and engagement in risk behaviors over time could also be assessed.

Ideally, both risk and resilience serve as complementary and equally necessary concepts in the scientific investigation of the mental health of migrant children and adolescents. By filling in the gaps in the available knowledge about protective processes associated with resilient mental health outcomes in migrant youth, great strides can be made toward designing better migration policy and interventions.

REFERENCES

- Aksel, S., Gun, Z., Irmak, T. Y., & Cengelci, B. (2007). Migration and psychological status of adolescents in Turkey. *Adolescence*, 42, 589–602.
- Baldwin, S. A., & Hoffmann, J. P. (2002). The dynamics of self-esteem: A growth-curve analysis. *Journal of Youth and Adolescence*, 31, 101–113.
- Berry, J. W. (2001). A psychology of immigration. *Journal of Social Issues*, 57, 615–631.
- Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss, sadness and depression*. New York, NY: Basic Books.
- Brown, C. S., & Chu, H. (2012). Discrimination, ethnic identity, and academic outcomes of Mexican immigrant children: The importance of school context. *Child Development*, 83(5), 1477–1485.
- Cassidy, J., & Shaver, P. R. (1999). *Handbook of attachment: Theory, research, and clinical applications*. New York, NY: Guilford Press.
- Centers for Disease Control and Prevention. (2011). Middle school youth risk behavior survey. Retrieved from <http://www.cdc.gov/healthyyouth/yrbs/>
- Chan, E. Y. Y., Mercer, S., Yue, C., Wong, S., & Griffiths, S. (2009). Mental health of migrant children: An overview of the literature. *International Journal of Mental Health*, 38, 44–52.

- Clements, P., & Seidman, E. (2002). The ecology of middle grades schools and possible selves. In T. M. Brinthaupt & R. P. Lipka (Eds.), *Understanding early adolescent self and identity* (pp. 92–131). Albany: State University of New York Press.
- Correa-Velez, I., Gifford, S., & Barnett, A. (2010). Longing to belong: Social inclusion and well-being among youth with refugee backgrounds in the first three years in Melbourne, Australia. *Social Science & Medicine*, 71(8), 1399–1408.
- Cowen, E. L. (2000). Psychological wellness: Some hopes for the future. In D. Cicchetti, J. Rappaport, I. Sandler, & R. P. Weissberg (Eds.), *The promotion of wellness in children and adolescents*. Thousand Oaks, CA: Sage.
- Demant, J., & Van Houtte, M. (2011). School belonging and school misconduct: The differing role of teacher and peer attachment. *Journal of Youth and Adolescence*, 41, 499–514.
- Derogatis, L. R., & Spencer, P. M. (1982). *The Brief Symptom Inventory (BSI): Administration, scoring and procedures manual*. Baltimore, MD: Clinical Psychometric Research.
- Dion, K. K., & Dion, K. L. (2001). Gender and cultural adaptation in immigrant families. *Journal of Social Issues*, 57, 511–521.
- Gorman, D., Brough, M., & Ramirez, E. (2003). How young people from culturally diverse backgrounds experience mental health: Some insights for mental health nurses. *International Journal of Mental Health Nursing*, 12(3), 194–202.
- Haroz, E. E., Murray, L. K., Bolton, P., Hopkins, J., Betancourt, T., Bass, J. K. (2013). Adolescent resilience in northern Uganda: The role of social support and prosocial behavior in reducing mental health problems. *Journal of Research on Adolescence*, 23(1), 138–148.
- Hutchinson, M., & Dorsett, P. (2012). What does the literature say about resilience in refugee people? Implications for practice. *Journal of Social Inclusion*, 3(2), 55–78.
- International Organization for Migration. (2010). *World Migration Report 2010: The future of migration—building capacities for change*. Geneva, Switzerland: IOM Press.
- Kamya, H. (1997). African immigrants in the United States: The challenge for research and practice. *Social Work*, 42, 154–165.
- Kennedy, S., & McDonald, J. T. (2006). Immigrant health in the period after arrival in Australia. In D. A. Cobb-Clark & S. E. Khoo (Eds.), *Public policy and immigrant settlement* (pp. 74–149). Cheltenham, UK: Edward Elgar.
- Lawrence, D. (2000). *Building self-esteem with adult learners*. London, UK: Sage.
- McKay, L., Macintyre, S., & Ellaway, A. (2003). *Migration and health: A review of the international literature*. Glasgow, UK: Medical Research Council Social and Public Health Sciences Unit.
- Nathan, G. (2010). The treatment of infiltrators from the Egyptian border. Retrieved from <http://www.knesset.gov.il/mmm/data/pdf/m02524.pdf>
- Nesdale, D., & Mak, A. S. (2003). Ethnic identification, self-esteem and immigrant psychological health. *International Journal of Intercultural Relations*, 27(1), 23–40.
- Payne, M. (2011). *Humanistic social work: Core principles in practice*. Chicago, IL: Lyceum Books.

- Pinkerton, J., & Dolan, P. (2007). Family support, social capital, resilience and adolescent coping. *Child & Family Social Work, 12*, 219–228.
- Robins, R. W., Hendin, H. M., & Trzesniewski, K. H. (2001). Measuring global self-esteem: Construct validation of a single-item measure and the Rosenberg Self-Esteem Scale. *Personality and Social Psychology Bulletin, 27*, 151–161.
- Rosenhek, Z. (2000). Migration regimes, intra-state conflicts and the politics of exclusion and inclusion: Migrant workers in the Israeli welfare state. *Social Problems, 47*, 49–67.
- Schweitzer, R., Greenslade, J., & Kagee, A. (2007). Coping and resilience in refugees from the Sudan: A narrative account. *Australian and New Zealand Journal of Psychiatry, 41*(3), 282–288.
- Shakespeare-Finch, J., & Wickham, K. (2009). Adaption of Sudanese refugees in an Australian context: Investigating helps and hindrances. *International Migration, 48*(1), 23–46.
- Sossou, M., Craig, C., Ogren, H., & Schnak, M. (2008). A qualitative study of resilience factors of Bosnian refugee women resettled in the southern United States. *Journal of Ethnic & Cultural Diversity in Social Work, 17*(4), 365–385.
- Stevens, G. W., & Vollebergh, W. A. M. (2008). Mental health in migrant children. *Journal of Child Psychology and Psychiatry, 49*, 276–294.
- Stewart, M., Anderson, J., Beiser, M., Makarimba, E., Neufeld, A., & Simich, L. (2008). Multicultural meanings of social support among immigrants and refugees. *International Migration, 46*, 123–159.
- Suárez-Orozco, C., & Suárez-Orozco, M. (2001). *Children of immigration*. Cambridge, MA: Harvard University Press.
- Twenge, J. M., & Crocker, J. (2002). Race and self-esteem: Meta-analyses comparing whites, blacks, Hispanics, Asians, and American Indians and comment on Gray-Little and Hafdahl (2000). *Psychological Bulletin, 128*(3), 371–408.
- Walsh, F. (2003). Crisis, trauma, and challenge: A relational resilience approach for healing, transformation, and growth. *Smith College Studies in Social Work, 74*(1), 49–71.
- Wasserman, G. A., Miller, L. S., Pinner, E., & Jaramillo, B. (1996). Parenting predictors of early conduct problems in urban, high-risk boys. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*, 1227–1236.
- Watson, D. C., & Sinha, B. K. (1999). A cross-cultural comparison of the Brief Symptom Inventory. *International Journal of Stress Management, 6*, 255–264.
- Werner, E. E., & Smith, R. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York, NY: McGraw-Hill.
- West, M., Rose, S., Spreng, S., Sheldon-Keller, A., & Adam, K. (1998). Adolescent attachment questionnaire: A brief assessment of attachment in adolescence. *Journal of Youth and Adolescence, 27*, 661–673.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment, 52*, 30–41.