QUALITY OF LIFE AND STRESSFUL LIFE EVENTS IN FIRST AND SECOND GENERATION IMMIGRANT ADOLESCENTS

Ida Lemos
Cristina Nunes
Lara Ayala Nunes

ABSTRACT

The aim of this study was to examine differences in quality of life and stressful life events, in first and second generation immigrant adolescents living in Algarve. A total of 172 immigrant adolescents participated in the study, completing the kidscreen-52, the stressful and negative life events inventory and a socio-demographic questionnaire. Results suggest that younger immigrant adolescents report more physical well-being and a higher mood level. Concerning gender differences, girls scored higher than boys in physical well-being, mood and self-perception, but no differences were found on the other kidscreen subscales. First generation immigrants scored significantly higher than second generation ones on the general quality of life index, psychological well-being, autonomy, financial resources and school environment. However, the second-generation immigrants did not seem to be more exposed to stressful life events than the first-generation group.

When selecting relevant variables for well-being promotion and for intervention, we must consider that immigrants are more exposed to economic vulnerability, may experience difficulties in adapting to a different school context, and are at higher risk of social exclusion.

Keywords: Quality of Life, Stressful Life Events, Immigrants, Adolescence.

JEL Classification: I00

1. INTRODUCTION

In the last decades empirical work with large samples of children and adolescents has strengthened a developmental-contextual perspective of human development, focused on the study of interactions between the individual and contextual factors.

In this perspective, as Rutter and Sroufe (2000) advocate, in order to understand the psychosocial adaptation of adolescents, it is important to study the relationships between developmental outcomes in the teenagers and environmental factors that may act as protective factors or as risk or vulnerability factors. Therefore, it is relevant to understand which contextual processes may enhance, regulate or weaken the individual's developmental outcomes (Garmezy, 1996; Rutter, 1991; Rutter and Taylor, 2005).

The presence of several risk conditions or negative events acting together in the adolescent's life, such as low socio-economical resources, parental conflict, illness of a caregiver or lack of support from peers, may lead to psychological problems and to engagement in risky behaviours resulting in health related problems (Harland et al., 2002; Lerner, Walsh and Howard, 1998).

Also, it has been found that the loss of a primary caregiver, parental divorce and academic problems are amongst the major life events experienced as stressful situations by adolescents (Anderson, Jimerson and Whipple, 2005; Bru, Murberg and Stephens, 2001; Harland et al., 2002).

On the other hand, characteristics such as gender, personality traits and a high quality of parenting have been pointed out as buffers of the impact of stressful or negative life events (SLE), diminishing the internalization of psychopathological problems of adolescents (Deković et al., 2008; Oliva, Jiménez and Parra, 2009; Oliva et al., 2008; Wyman et al., 1992). Thus, these characteristics have a significant impact on well-being and, consequently, on the appraisal of quality of life (QoL).

Several studies with large community samples underline the fact that perceived QoL is related with physical aspects, such as health, individual aspects such as self-esteem, positive and negative emotions, self-perception and autonomy, and social aspects such as satisfaction with social support, family relations, school, peers and health-related behaviours (Gaspar et al., 2009; Ravens-Sieberer et al., 2007).

The effect of contextual factors on the QoL of adolescents is a current issue addressed by different investigations (e.g., Drukker et al., 2006; Oberle, Schonert-Reichl and Zumbo, 2011; Villalonga-Olives et al., 2010). For instance, Villalonga-Olives et al. (2010) assessed the relationship between recent life events and QoL using the kidscreen-27 in a sample of 840 Spanish adolescents. Results of this study pointed out an impact of life events on perceived QoL for those adolescents who had experienced several undesired life events. Also, Oberle, Schonert-Reichl and Zumbo (2011) examined perceived satisfaction with life (an indicator of health related quality of life) and environmental aspects of the school (school connectedness), neighbourhood (perceived neighbourhood support), family (perceived parental support), and peer group (positive peer relationships) in a sample of 1,402 Canadian adolescents. Results suggested that all of the contextual aspects studied significantly predicted the adolescents' satisfaction with life.

Evidence has been accumulating about the families' contextual factors that affect children's development (Holden and Edwards, 1989). One of the important questions concerns the role that financial and social resources play in promoting health. Indeed, the way adolescents perceive their own well-being, satisfaction with health, and their engagement in risk and protective behaviours is related to their socio-economic status (Morgen et al., 2010).

If well-being and quality of life are major subjects on research in child and adolescent psychology, a current important topic is the study of the relationship between psychological difficulties following immigration and well-being on this target population (e.g., Brindis et al., 1995; Phinney and Ong, 2007; Mendoza, Javier and Burgos, 2007; Walsh, Shulman and Maurer, 2008).

The fact that the number of international migrants increased by 11 million between 2005 and 2010, as referred to in the 68th session report of the General Assembly of the United Nations for International Migration and Development (2013), partially explains the interest of researchers in the study of immigrant families and children.

Families migrate to developed countries in search of better living conditions, and immigration is a source of economic, social and cultural empowerment for the hosting countries. Nevertheless, immigration has an impact on not only the social structures of those countries (Dias and Gonçalves, 2007) but also the process of acculturation, which involves affective, behavioural and cognitive components and raises health and economic concerns (Lansford, Deater-Deckard and Bornstein, 2007; Stefanek et al., 2012).

Due to their various strains, immigrants represent a vulnerable group for developing health related problems. Immigrants face multiple challenges in acculturation within a new dominant society: for instance, they must frequently learn different languages

and acknowledge new cultures, and parents and children must adapt to new contexts at professional and academic levels (Fragoso and Lucio-Villegas, 2011; Landsford et al., 2007; Hernández, Denton and Macartney, 2007). In the specific case of Portugal, immigrants have to adapt to a European Union country struggling to become economically competitive at a regional and national level (Noronha, 2011).

Particularly for adolescents, social pressures may be intensified both by the demands of the developmental phase and by acculturation issues, leading to conflicting changes in the individual's social identity and self-concept (Brindis et al., 1995). Moreover, immigrant adolescents have to deal with several challenges regarding the adaptation to school context, peer group, and a new cultural and social environment (Pavlopoulos et al., 2008). All these stressors have an impact on their social and psychological identities.

However, studies are not unanimous about the negative impact of the acculturation process during adolescence. Studies comparing first-generation and second-generation immigrants have indicated better outcomes amongst first-generation immigrant adolescents in terms of psychosocial adjustment (Brindis et al., 1995; Sam et al., 2008; Gonzalez et al., 2007; Phinney and Ong, 2007). These results highlight the complexity of variables associated with family and individual factors that moderate the process of adaptation and acculturation (Sam et al., 2008).

In Portugal, research has been conducted mainly on the quality of life and on health related behaviours of general population samples of adolescents, (e.g., Gaspar et al., 2008a; Gaspar et al., 2008b). However, from our point of view, research on the subject of developmental psychology and psychopathology concerning immigrant adolescents and their developmental contexts is scarce (e.g., Gaspar, 2008). Specifically, the study of QoL of immigrant adolescents must address contextual risk factors that put them at risk for negative developmental outcomes, as well as factors that may have a buffer or protective effect on experiencing negative outcomes in the presence of SLE.

The aim of the present study was to analyze relationships between SLE and perceived QoL in first-generation and second-generation immigrant adolescents. Consequently, identifying stressful and negative life events and its relation with perceived QoL may enhance the probability of identifying those immigrant youngsters at increased risk for psychosocial problems.

2. METHOD

2.1. Participants
The sample consisted of 172 immigrant adolescents attending elementary schools and high schools. The mean age was 14.88 years ($SD = 1.78$; range: 12, 18); 57.56% ($n = 99$) were girls and 42.44% ($n = 73$) were boys.

From the total sample, 72.05% of the adolescents were first-generation immigrants and 27.95% were second-generation immigrants. Their countries of origin were Africa (29.19%), Brazil (16.77), Eastern European countries (20.50%) and other European countries (33.54%).

2.2. Measures

Socio-demographic data: A questionnaire was developed *ad hoc* to collect the following data: adolescents' age and gender, mother's and father's ages, work status, labour qualification and educational level. Type of family, immigrant status, country of origin, and school

information (number of school failure years, school absences and average grades) for the adolescent were also included.

Perceived quality of life (QoL): The kidscreen-52 child self-report was used to evaluate the perceived quality of life of children and adolescents between the ages of 8 and 18 years (Gaspar et al., 2008). The instrument consists of 52 items to be rated on a scale from 1 (no/never) to 5 (very much/always), and it is grouped according to the following dimensions:

Physical Wellbeing: It refers to physical activity levels, energy and fitness and includes five items (e.g., "Did you feel well and fit?") (α = .825).

Psychological Wellbeing: This dimension evaluates the psychological wellbeing, including positive emotions and life satisfaction. It consists of 6 items (e.g., "Did you feel satisfied with life?") (α = .874).

Mood: This scale includes seven items concerning negative experiences, depressive mood and feelings of distress (for example: "Did you feel sad?") (α= .862).

Self-perception: It evaluates the adolescent's perception of self, physical appearance and satisfaction related to these aspects. It includes five items (e.g., "Were you concerned about your appearance?") (α = .617).

Autonomy: It includes five items that inquire about opportunities to enjoy their leisure time (e.g., "Were you able to choose what to do in your spare time?") (α = .829).

Relationships with parents and family life: This dimension examines the relationship with parents and the family atmosphere. It consists of six items (e.g., "Do your parents understand you? Are you able to talk to your parents whenever you want?") (α = .915).

Financial Resources: It assesses the perception of the adolescents' family financial capacity. It includes three items (e.g., "Have you had enough money to do what your friends do?") (α = .915).

Social support and support from peers: This dimension reflects the nature of the adolescent's social relations with others. It consists of six items (e.g.," Have you been able to talk about everything with your friends?") (α = .853).

School Environment: This dimension includes six items that assess the perception of the boy or girl on their aptitude for learning, concentration and feelings about school (e.g., "Have you done well in school?") (α = .810).

Social Acceptance (Bullying-rejection): It assesses feelings of rejection by peers. It includes three items (e.g., "Have you been bullied or threatened by other girls or boys?") (α = .793). The General-QoL Index score is the mean of all items (α = .949).

Stressful life events (SLE): We used a short version of the Stressful Life Events Inventory (Oliva et al., 2008) consisting of a list of 25 negative events, concerning the individual or significant others, likely to be experienced by the adolescent in family, peer or school-related contexts (e.g., parental divorce, death of a family member, etc.). Each item was scored "1" if the specific event had occurred and "0" if the event had not occurred in the last 5 years. A total score was composed by adding up all negative events experienced. In the present study, internal consistency measured by Cronbach's alpha was .784.

2.3. Procedure

First, school boards were asked and agreed to participate in this study. Informed consent forms were requested and obtained from parents and adolescents. The data collection in the school context took place after having obtained permission from the Directorate General of Innovation and Curricular Development, Ministry of Education. Participation was voluntary and no compensation was offered. The instruments were completed in the classroom context with the presence of a trained interviewer.

2.4. Statistical analysis

Missing data at the item level were extrapolated using the missing value analysis of SPSS. If more than 10% of the items were missing, the questionnaire was removed from the analyses. Statistical assumptions for parametric analyses were checked following Tabachnick and Fidell's (2007) recommendations, with satisfactory results. Statistical analyses were performed with SPSS software v-18. Snedecor's F test was used to compare quantitative variables, and a Chi-square test was performed for qualitative variables.

3. RESULTS

3.1. Socio-demographic data

The majority of adolescents lived in a two-parent family (74.85%). The mean age of the adolescents' mothers was 41.54 years (SD = 5.42; Range: 30, 57) and the mean age of fathers was 44.40 years (SD = 6.46; Range: 33, 71). 39.61% of mothers had completed studies at middle or secondary school and 30.50% of fathers had completed primary school level. The majority of mothers and fathers had untrained or semi-skilled jobs (see Table 1).

Regarding the years of school failure, 59.54% of the participants had no reports of school failure, 22.29% had failed one year, 11.45% had failed two years, and the remaining participants (6.63%) had between three to five years of school failure.

No significant differences were found between first and second generation immigrants on school failure ($F (1, 160) = 2.68$, *n.s.*), average school grades ($F (1, 160) = 1.74$, *n.s.*) and school absences ($F (1, 160) = 1.15$, *n.s.*).

Table 1. Parents' academic qualifications and present labour qualifications

Educational level	Father		Mother	
	N	*%*	*N*	*%*
Primary level not completed	38	26.95%	34	22.08%
Primary school level completed	43	30.50%	34	22.08%
Completed studies at middle or secondary school	36	25.53%	61	39.61%
University degree completed	24	17.02%	25	16.23%
Labour qualification (present job)				
Untrained	66	50.77%	71	54.62%
Semi-skilled	44	33.85%	41	31.54%
Skilled	20	15.38%	18	13.85%

3.2. Quality of life

All subscales of the Kidscreen-52 were significantly related between them (see Table 2) with correlations ranging from .15 to .83.

Table 2. Means, standard deviations and correlations between QoL and SLE (n = 166)

	1	2	3	4	5	6	7	8	9	10	11	12
1. Physical Wellbeing	-	.504***	.340***	.280***	.362***	.307***	.356***	.470***	.223**	.263**	.613***	-.261**
2. Psychological Wellbeing		-	.714***	.396***	.528***	.631***	.382***	.615***	.453***	.347***	.833***	-.158*
3. Mood			-	.410***	.469***	.536***	.320***	.430***	.424***	.302***	.741***	-.280***
4. Self-perception				-	.367***	.266**	.348***	.302***	.221**	.337***	.576***	-.076
5. Autonomy					-	.465***	.389***	.510***	.298***	.239***	.704***	-.152
6. Parents and family life						-	.428***	.482***	.368***	.193*	.718***	-.067
7. Financial Resources							-	.458***	.216**	.269***	.647***	-.120
8. Social Support Peers								-	.404***	.401***	.761***	-.101
9. School Environment									-	.153*	.559***	-.190*
10. Social Acceptance										-	.500***	-.172*
11. QoL total											-	-.233**
12. Number of SLE												-
M	3.84	3.98	3.93	3.82	3.92	4.03	3.99	4.06	3.63	4.33	3.95	5.65
(SD)	(.77)	(.75)	(.84)	(.71)	(.85)	(.88)	(.96)	(.78)	(.74)	(.81)	(.53)	(4.06)

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

First generation immigrants scored significantly higher than second generation on general-QoL index ($F(1,160) = 6.28$, $p = .013$, $\eta^2 = .04$), psychological well-being ($F(1,160) = 3.99$, $p = .048$, $\eta^2 = .02$), autonomy ($F(1,160) = 5.63$, $p = .019$, $\eta^2 = .03$), financial resources ($F(1,160) = 9.15$, $p = .003$, $\eta^2 = .05$), and school environment ($F(1,160) = 7.09$, $p = .009$, $\eta^2 = .04$) (see Table 3).

Table 3. Differences according to immigration status in QoL and SLE

	1st generation		2nd generation				
	M	*SD*	*M*	*SD*	*F (df, N)*	*p*	*η^2*
Physical Wellbeing	3.88	0.69	3.67	0.94	2.37 (1,160)	.126	.01
Psychological Wellbeing	4.06	0.69	3.80	0.86	3.99 (1,160)	**.048**	.02
Mood	4.04	0.76	3.80	0.90	2.93 (1,160)	.089	.02
Self-perception	3.82	0.67	3.88	0.83	0.25 (1,160)	.618	.00
Autonomy	4.03	0.80	3.68	0.94	5.63 (1,160)	**.019**	.03
Parents and family life	4.08	0.89	3.86	0.90	2.12 (1,160)	.147	.01
Financial Resources	4.16	0.86	3.66	1.14	9.15 (1,160)	**.003**	.05
Social Support Peers	4.11	0.77	3.91	0.83	1.94 (1,160)	.166	.01
School Environment	3.71	0.69	3.37	0.84	7.09 (1,160)	**.009**	.04
Social Acceptance	4.43	0.61	4.39	0.72	0.10 (1,160)	.753	.00
General-QoL Index	4.03	0.50	3.80	0.57	6.28 (1,160)	**.013**	.04
Number of SLE	5.61	4.15	5.88	4.06	0.13 (1,150)	.722	.00

No associations were found between age and QoL except for physical well-being ($r = -.301$; $p = .000$) and mood ($r = -.160$; $p = .039$).

Girls scored higher than boys on physical well-being ($F(1, 160) = 8.48$, $p = .004$, $\eta^2 = .05$), mood ($F(1, 160) = 5.09$, $p = .025$, $\eta^2 = .03$) and self-perception ($F(1, 160) = 5.93$, $p = .016$, $\eta^2 = .03$) (see Table 4).

Table 4. Differences according to gender in QoL and SLE

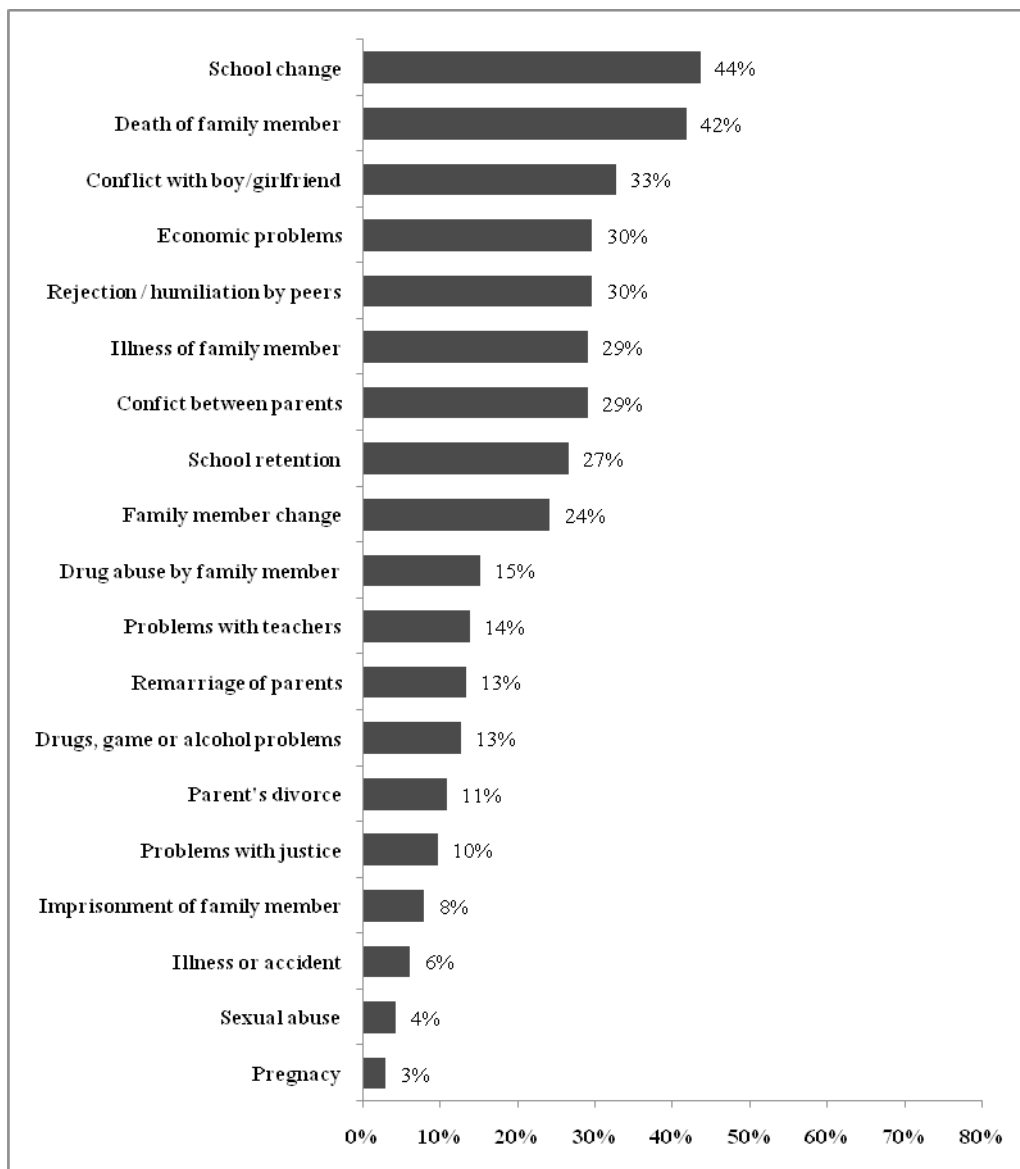|	Girls		Boys				
	M	SD	M	SD	F (df, N)	p	η^2
Physical Wellbeing	3.68	.81	4.02	.67	8.48 (1, 160)	**.004**	.05
Psychological Wellbeing	3.92	.83	4.09	.59	2.05 (1, 160)	.155	.01
Mood	3.86	.84	4.14	.73	5.09 (1, 160)	**.025**	.03
Self-perception	3.73	.71	3.99	.68	5.93 (1, 160)	**.016**	.03
Autonomy	3.82	.87	4.08	.81	3.67 (1, 160)	.057	.02
Parents and family life	3.97	.96	4.12	.79	1.09 (1, 160)	.296	.01
Financial Resources	3.99	.99	4.05	.89	.16 (1, 160)	.691	.00
Social Support Peers	4.11	.79	4.03	.78	.36 (1, 160)	.548	.00
School Environment	3.61	.76	3.64	.73	.09 (1, 160)	.769	.00
Social Acceptance	4.47	.64	4.40	.65	.12 (1, 160)	.727	.00
QoL total	3.92	.58	4.06	.43	3.06 (1, 160)	.082	.02
Number of SLE	6.12	3.52	4.95	4.70	3.13 (1, 156)	.079	.02

3.3. Stressful life events

In figure 1 we can observe that the most reported stressful events in the last five years were school change (44%), death of a family member (42%), conflict with boy/girlfriend (33%), economic problems and rejection / humiliation by peers (30%). The report of illness of a family member and conflicts between parents (29%) were also relevant.

Regarding the number of stressful life events, we found no significant differences between first ($M = 5.61$, $SD = 4.15$) and second generation ($M = 5.88$, $SD = 4.06$) ($F (1, 150) = 0.127$, *n.s.*) (see Table 3). Also, we found no significant differences between boys ($M= 4.95$; $SD=4.70$) and girls ($M= 6.12$; $SD=3.52$) on the number of stressful events ($F(1, 156) = 3.127$; $p=0.079$) (see Table 4).

Moreover, significant and negative correlations were found between SLE and the General-QoL Index ($r = -.233$, $p = .003$), Physical Wellbeing ($r = -.261$, $p = .001$), Psychological Wellbeing ($r = -.158$, $p = .049$), Mood ($r = -.280$, $p = .000$), School Environment ($r = -.190$, $p = .018$) and Social Acceptance ($r = -.172$, $p = .031$) (see Table 2).

Figure 1. Stressful life events in last 5 years

4. DISCUSSION

Studies conducted on quality of life in the last decade with community samples of adolescents suggest that the perception of QoL is influenced by factors such as gender and age, individual and family characteristics and by socio-economic status (Gaspar et al., 2008a; Gaspar et al., 2008b; Michel, Bisegger, Fuhr, Abel and The Kidscreen Group, 2009).

In the last decade, empirical work conducted in European countries on children and adolescents' perceived QoL suggests that it tends to decline with increasing age (Michel et al., 2009). As expected from a developmental perspective, this result is confirmed by the present study but only for physical well-being and mood scales, suggesting that younger participants in our study have better QoL on these two dimensions. Thus, whereas younger immigrant adolescents report more Physical well-being and higher level in Mood, no differences were found according to age in the dimensions Feelings, Self-perception, Autonomy, Relations with parents and family life, Financial Resources, Social Support, School Environment, and Social Acceptance/Bullying Rejection.

Concerning gender differences, we found that girls scored higher than boys in physical well-being, mood and self-perception, but no differences were found according to gender on the other KIDSCREEN subscales in our sample. In what concerns mood and self-perception our results are similar to those reported by Gaspar et al. (2008a, 2008b) in the responses to this scale by female adolescents of the Portuguese general population. However, the result obtained in the physical well-being, suggesting that girls have a higher QoL, differs from the result obtained in these studies. So, we would expect immigrant boys to report higher levels on QoL related to physical well-being. As Michel et al. (2009) pointed out, reports in the kidscreen according to age and gender vary from country to country. The kidscreen European studies' results clearly indicate that we must consider not only developmental related differences in the adolescents' health related behaviors but also social and cultural related health behaviours, and perceived QoL must be regarded as crucial variables. Also, we must take into account that in the Portuguese validation studies (Gaspar et al., 2008a, 2008b) age comparisons were performed between the group of children (i.e., participants 10-11 years) and adolescents (participants 12-18 years), and that, in our study, participants' ages ranged from 12 to 18 years, restricting comparisons with results obtained in these general community studies on QoL.

Another noteworthy result on QoL measures lies in the comparison between first and second generation immigrant adolescents: first generation immigrants scored significantly higher than second generation on the general QoL index, psychological well-being, autonomy, financial resources, and school environment. This result corroborates the studies that indicated that first generation immigrant adolescents tend to report better outcomes in QoL indicators, and that second generation immigrants (born in the hosting country) tend to engage in more high-risk behaviors, despite being in an overall better economic situation than the first generation immigrants (Mendoza et al., 2007; Sam et al., 2008; Chang and Le, 2010). As Sam et al. (2008) pointed out, because family and individual factors moderate the process of adaptation and acculturation, future studies should analyse second-generation immigrants' acculturation processes and psychosocial resources, both in a family and school context and at community level.

The main aim of our study was to analyze relationships between stressful life events and perceived quality of life in first-generation and second-generation immigrant adolescents.

Overall, the most reported stressful events by the immigrant adolescents were: school change, death of a family member, conflict with boy/girlfriend, economic problems and rejection/humiliation by peers. Also relevant were reports of illness of a family member and conflicts between parents. We must note that all these events are cumulative risk factors, which, when acting together, significantly increase the risk of engagement in a psychopathological or deviant developmental path (Langille et al., 2003; Rutter, Giller and Hagell, 1998).

One interesting finding, although not corroborative of the literature (e.g., Stefanek et al., 2012), is that the second immigrant generation of participants did not seem to be more exposed to stressful life events than the first immigrant generation group. This lead us to suggest that the subsample of immigrant adolescents born in Portugal are not at increased risk for adaptation problems in family, school context, with the peer group, or in psychological and physical related issues, when compared to first generation immigrants.

Moreover, the significant and negative correlations found between the number of SLE and the General QoL Index, and the subscales Physical Wellbeing, Psychological Wellbeing, Mood, School Environment and Social Acceptance indicate that, as most studies conducted either with general population samples of adolescents (e.g., Anderson et al., 2005; Bru et al., 2001; Harland et al., 2002), or with immigration samples (e.g., Pavlopoulos et al., 2008; Landsford et al., 2007; Hernández et al., 2007) found, SLE have a significant impact on QoL.

Additionally, this significant and negative association between QoL and the stressful risk factors that these immigrant adolescents have been exposed to suggest that, overall, they may be lacking psychosocial factors that operate as buffering of protective factors, that minimize or lessen negative outcomes, such as internalizing and externalizing disorders, and interpersonal problems that may undermine QoL (Harland et al., 2002; Oliva et al., 2008; Oliva, et al., 2009).

5. CONCLUSION

Some limitations and weaknesses of our study need to be considered. One major limitation is the absence of a comparative study with a sample of native adolescents, matched for socio-demographic variables, which would allow us to analyze eventual specificities of the immigrant adolescents in what concerns associations between SLE and QoL. In addition, the type of sampling and the fact that data collection was limited geographically does not allow us to generalize the findings. Despite these limitations some implications of the present study can be drawn.

Firstly, as several authors have suggested (Berry, 2001; Brindis et al., 1995; Gaspar et al., 2008a), well-being promotion and intervention in this target group must take into account multiculturalism, and consider that immigrants are more exposed to economic vulnerability, may experience difficulties in adapting to different school contexts and peers, and are at higher risk of social exclusion.

Secondly, a positive approach of immigrant adolescents must consider the empowerment of their personal and cultural identity, namely, the involvement of families and community when interventions are conceived. In this line of thought, as Phinney and Ong (2007) and Mendoza et al. (2007) state, in order to promote the psychological well-being of immigrant adolescents, it is necessary to help them to develop a strong feeling of identification with their ethnic or cultural group of origin and, simultaneously, to promote their involvement with the members of the society that hosts them.

REFERENCES

Anderson, G.E., Jimerson, S.R. and Whipple, A.D. (2005). Student Ratings of Stressful Experiences at Home and School, Journal of Applied School Psychology. 21(1): 1-20.

Berry, J. (2001). A Psychology of immigration. Journal of Social Issues, 57(3): 615-631.

Brindis, C., Wolfe, A., McCarter, V., Ball, S. and Starbuck-Morales, S. (1995). The associations between immigrant status and risk-behaviors patterns in Latino adolescents. Journal of Adolescent Health. 17: 99-105.

Bru, E., Murberg, T.A. and Stephens, P. (2001). Social support, negative life events and pupil misbehaviour among young Norwegian adolescents. Journal of Adolescence. 24: 715–727.

Chang, J. and Le, T.N. (2010). Multiculturalism as a dimension of school climate: the impact on the academic achievement of Asian American and Hispanic youth. Cultural Diversity Minor Psychology. 16(4): 485-492.

Deković, M., Koning, I.M., Stams, G.J. and Buist K.L. (2008). Factors associated with traumatic symptoms and internalizing problems among adolescents who experienced a traumatic event. Anxiety, Stress & Coping: An International Journal. 21: 4, 377-386.

Dias, S. and Gonçalves, A. (2007). Imigração e Saúde. Revista Migrações ACIDI. 1: 15-26.

Drukker, M., Kaplan, C., Schneiders, J., Feron, F. and van Os, J. (2006). The wider social environment and changes in self-reported quality of life in the transition from late childhood to early adolescence: a cohort study. BMC Public Health. 6:133.

Fragoso, A. and Lucio-Villegas, E. (2011). Looking back through a new pair of glasses: Conflict and mediation in local development. Spatial and Organizational Dynamics, 5: 68-79

Garmezy, N. (1996). Reflections and commentary on risk, resilience, and development. In: R. J. Haggerty, L. R. Sherrod, N. Garmezy and M. Rutter (Eds.), Stress, Risk, and Resilience in Children and Adolescents: Processes, Mechanisms, and Interventions. Cambridge: Cambridge University Press.

Gaspar, T. (2008). Promoção do bem-estar na adolescência: Impacto do estatuto socio-económico e do estatuto migrante. Análise Psicológica. 2(XXVI): 265-279.

Gaspar, T., Gaspar, M,, Pais, R., José, L., Leal, I. and Ferreira, A. (2009). Health-related quality of life in children and adolescents and associated psychosocial factors. J Cogn Behav Psychother. 9(1): 33-48.

Gaspar, T., Matos, M.G., Ribeiro, J.L.P., Leal, I., Ferreira, M., Tomé, G., Erhart, M. and Ravens-Sieberer, U. (2008a). Instrumentos KIDSCREEN-52 – Versão Portuguesa (KIDSCREEN-52 Crianças e Adolescentes e KIDSCREEN-52 Pais). In: T. Gaspar and M. Matos (coords.). (2008). Qualidade de Vida em Crianças e Adolescentes – Versão Portuguesa dos Instrumentos KIDSCREEN-52. Cruz Quebrada: Aventura Social & Saúde.

Gaspar, T., Ribeiro, L.P., Matos, M. and Leal, I. (2008b). Promoção de Qualidade de Vida em Crianças e Adolescentes. Psicologia, Saúde & Doenças. 9(1): 55-71.

Gonzalez, N.A. , Dumka, L.E., Mauricio, A.M. and Germán, M. (2007). Building bridges. Strategies to promote academic and psychological resilience for adolescents of Mexican origin. In: J. Lansford, K. Deater-Deckard and M. Bornstein (Eds). Immigrant families in contemporary society. New York: The Guilford Press.

Harland, P., Reijneveld, S.A., Brugman, E., Verloove-Vanhorick, S.P. and Verhulst, F.C. (2002). Family factors and life events as risk factors for behavioural and emotional problems in children. European Child & Adolescent Psychiatry. 11: 176-184.

Hernández, D., Denton, N. and Macartney, S. (2007) Family circunstances of children in immigrant families: Looking to the future of America. In: J. Lansford, K. Deater-Deckard and M. Bornstein (Eds). Immigrant families in contemporary society. New York: The Guilford Press.

High Level Dialogue on International Migration and Development United Nations General Assembly (2013). Sixty-eighth session. Concept Note. Acceded in 9th of January 2013, on the Web site of: http://www.un.org/esa/population/migration/hlmimd2013/highlevelmim2013.htm.

Holden, G.W. and Edwards, L.A. (1989). Parental attitudes towards child rearing: instruments, issues, and implications. Psychological Bulletin. 106(1): 29-58.

Koivusilta, L.K., Rimpelä, A.H. and Kautiainen, S.M. (2006). Health inequality in adolescence. Does stratification occur by familial social background, family affluence, or personal social position? BMC Public Health. 6: 110.

Langille, D., Curtis, L., Hughes, J. and Murphy, G. (2003). Association of socio-conomic factors with health risk behaviors among high school students in rural Nova Scotia. Canadian Journal of Public Health. 94(6), 442–447.

Lansford, J.E., Deater-Deckard, K. and Bornstein, M.H. (2007). Immigrant families in contemporary society. New York: Guilford Press.

Lerner, R.M., Walsh, M.E. and Howard, K.A. (1998). Developmental- contextual Considerations: Person-Context Relations as the Bases for Risk and Resiliency in Child and Adolescent Development. In: A. Hersen (Ed.), Comprehensive Clinical Psychology. New York: Pergamon.

Mendoza, F., Javier, J. and Burgos, A. (2007) Health of children in immigrant families. In: J. Lansford, K. Deater-Deckard and M. Bornstein (Eds), Immigrant families in contemporary society. New York: The Guilford Press.

Michel, G, Bisegger, C., Fuhr, D. C., Abel, T. and The KIDSCREEN GROUP (2009). Age and gender differences in health-related quality of life of children and adolescents in Europe: a multilevel analysis. Quality of Life Research. 18: 1147-1157.

Morgen, M.S., Mortensen, L.H., Rasmussen, M., Andersen, A.N., Sørensen, T.I. and Due, P. (2010). Parental socioeconomic position and development of overweight in adolescence: longitudinal study of Danish adolescents. BMC Public Health. 10: 520.

Noronha, T. (2011). The impacts of public policies for regional development in Portugal. Spatial and Organizational Dynamics, 6: 39-51.

Oberle, E., Schonert-Reichl, K.A. and Zumbo, B.D. (2011). Life satisfaction in early adolescence: personal, neighborhood, school, family, and peer influences. Journal of Youth and Adolescence. 40: 889–901.

Oliva, A., Jiménez, J. and Parra, A. (2009). Protective effect of supportive family relationships and the influence of stressful life events on adolescent adjustment. Anxiety, Stress & Coping: An International Journal. 22(2): 137-152.

Oliva, A., Jiménez, J., Parra, Á. and Sánchez-Quejiga, I. (2008). Acontecimientos vitales estresantes, resiliencia y ajuste adolescente. Revista de Psicopatología y Psicología Clínica. 13: 53-62.

Pavlopoulos, F., Obradavic, J., Dalla, M., Takis, N., Papathanassiou, A. and Masten, A. (2008). Immigration as a risk factor for adolescent adaptation in Greek urban schools. European Journal of Developmental Psychology. 5(2): 235-261.

Phinney, J. and Ong, A. (2007) Ethnic identity development in immigrant families. In: J. Lansford, K. Deater-Deckard and M. Bornstein (Eds), Immigrant families in contemporary society. New York: The Guilford Press.

Ravens-Sieberer, U. et al. (2007). The KIDSCREEN-27 quality of life measure for children and adolescents: psychometric results from a cross-cultural survey in 13 European countries. Quality of Life Research. 16: 1347–1356.

Rutter, M. (1991). Childhood Experiences and Adult Psychosocial Functioning. Ciba Foundation Symposia. 156: 189-208.

Rutter, M., Giller, H. and Hagell, A. (1998). Antisocial behavior by young people. Cambridge: Cambridge University Press.

Rutter, M. and Sroufe, L.A. (2000). Developmental psychopathology: Concepts and Challenges. Development and Psychopathology. 12: 265-296.

Rutter, M. and Taylor, E. (2005). Clinical Assessment and Diagnostic Formulation. In: M. Rutter and E. Taylor (Eds.), Child and Adolescent Psychiatry. Oxford: Blackwell Publishing, Ltd.

Sam, D., Vedder, P., Liebkind, K., Neto, F. and Virta, E. (2008). Immigration, acculturation and the paradox of adaptation in Europe. European Journal of Developmental Psychology. 5(2): 138-158.

Stefanek, E., Strohmeier, D., Fandrem, H. and Spiel, C. (2012). Depressive symptoms in native and immigrant adolescents: the role of critical life events and daily hassles. Anxiety, Stress & Coping: An International Journal. 25(2): 201-217.

Tabachnick, B.G. and Fidell, L.S. (2007). Using multivariate statistics (5th ed.). Boston, MA: Pearson Education.

Villalonga-Olives, E., Rojas-Farreras, S., Vilagut, G., Palácio-Vieira, J., Valderas, MJ., Herdman, M. et al. (2010). Impact of recent life events on the health related quality of life of adolescents and youths: The role of gender and life events typologies in a follow-up study. Health and Quality of Life Outcomes. 8(71): 1-9.

Walsh, S., Shulman, S. and Maurer, O. (2008). Immigration distress, mental health status and coping among young immigrants: A 1-year follow-up study. International Journal of Intercultural Relations. 32: 371–384.

Wyman, P.A., Cowen, E.L., Work, W.C., Raoof, A., Gribble, P.A., Parker, G.R., et al. (1992). Interviews with children who experienced major life stress - family and child attributes that predict resilient outcomes. Journal of the American Academy of Child and Adolescent Psychiatry. 31(5): 904-910.