

Chapter 10

Parenting Stress and Depressive Symptoms of Immigrant and Nonimmigrant Families in Italy

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Over the last two decades, European countries have been experiencing unprecedented increases in immigrant families (Hernandez, Macartney, & Blanchard, 2010). Migration can represent a stressful life event with serious implications for children's mental well-being in relation to emotional and depressive symptoms (Stansfeld et al., 2004). Recent research, however, has been inconclusive as to whether migration represents a risk for poorer adjustment or not. The *migration morbidity* perspective supports the positive relations between migrant status and academic and behavioral problems in immigrant populations (Marks, Ejesi, & Garcia Coll, 2014; Speciale & Regidor, 2011). In contrast, the *immigrant paradox* contends that despite disadvantaged socioeconomic conditions, immigrants show positive psychological and educational outcomes and that their health outcomes decline over time, rather than improving, with long-term acculturation (Sam, Vedder, Liebkind, Neto, & Virta, 2008).

One topic relevant to both migration morbidity and the immigrant paradox is how parental stress influences outcomes of immigrant children. Parenting stress refers to the experiences and feelings associated with a perception that the demands associated with being a parent exceed the personal and social resources available to meet those demands (Abidin, 1995; Crnic & Low, 2002; Crnic, Gaze, & Hoffman, 2005). Past research has shown the negative impact of poor maternal mental health on healthy child development, specifically parental stress (e.g., stress in the parenting role). For example, researchers have found that higher levels of parental stress were linked to poor child outcomes such as separation anxiety (Deater-Deckard et al., 1994), attention problems (DuPaul et al., 2001), and depression (Anastopoulos et al., 1992). High levels of parental stress were also associated with more negative parenting styles (Deater-Deckard et al., 1994) and poor behavioral, social, and

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emotional outcomes in children (Cappa et al., 2011). Other researchers have reported the detrimental effects of maternal depression on children's well-being. Specifically, children whose mothers are depressed had more difficulties reaching developmental milestones and achieving healthy social and emotional adjustment (Tronick & Gianino, 2006). Unfortunately, these children are at greater risk as they are more vulnerable to school maladjustment (Sanson et al., 2006), anxiety (Goodman & Brand, 2011), and depression (Beardslee et al., 2007). Similar to parenting stress, parents with depression were found to be less reliable and less responsive to their children (Goodman & Brand, 2011) and more likely to engage in negative parenting behaviors (e.g., neglectful or unpredictable; Shaw et al., 2009).

In this chapter, I investigate the relations among parenting stress, parental depressive symptoms, and children's depressive symptoms. I build upon past research by examining these links among immigrant families and by including fathers as well as mothers. A better understanding of how parents' stress and well-being related to children's psychological well-being in immigrant populations may contribute to the development of improved treatment strategies that will enhance the adjustment of all family members, including fathers.

Parenting Stress and Depression During Immigration

Immigrant families represent one of the fastest growing segments of several host nations across the globe, currently making up nearly 232 million people, a figure projected to grow due to high birth rates (United Nations, 2013). Immigrant parents and their offspring are particularly vulnerable to challenges related to discrimination, social exclusion, poor well-being, and adjustment (Garcia Coll & Marks, 2012). These patterns are concerning, given that immigrant parents may experience additional stress associated with parenting which, in turn, impacts their children's healthy development (Yoo, 2013; Yoo & Vonk, 2012). Immigrant parents are at greater risk for experiencing high levels of parental stress and depression because they are more likely to have social and economic burdens compared to nonimmigrant parents (Birkeland et al., 2005; Goodman & Brand, 2011; Ornelas & Perreira, 2011; Yoo, 2013). For example, compared to nonimmigrant parents, immigrant parents are at higher risk for discrimination and negative mental health outcomes such as depression (Ornelas & Perreira, 2011) and financial stress (Liebkind & Jasinskaja-Lahti, 2000). Yet, research focusing on mechanisms through which parenting stress relates to mental health outcomes for these parents and their children continues to be limited for immigrant populations.

Depressive symptoms in particular are a relevant public health issue due to the financial burden for the society and the profound impact on daily functioning (Beck, Brown, & Steer, 1989). Depressive symptoms are widely investigated as a key mental health outcome among immigrant populations because depression is the most prevalent mental health condition affecting immigrant populations (Potochnick & Perreira, 2010). The prevalence of depressive symptoms varies across geographic

regions and across immigrant populations; identifying depression has been a priority in the mental health screening of immigrant populations worldwide (Barnes, 2001).

The way in which depression for both mothers and fathers relates to parental stress and child depressive symptoms is not well understood and needs further investigation (Cabrera, Shannon, & Tamis-LeMonda, 2007; Chuang & Moreno, 2011; Chuang & Tamis-LeMonda, 2013). Although family systems theory and empirical research indicate the important role of fathers in children's development (Feinberg, 2003), much of the parenting research has focused on mothers and in White, middle-class, families in the United States. Much less is known about fathering in ethnically and culturally diverse families, including whether it has similar predictors and consequences for child adjustment (Chuang & Moreno, 2011; Chuang & Tamis-LeMonda, 2013). Given that family process and relations may be different in ethnically diverse families, it may be reasonable to expect that the roles of mothers and fathers may differ.

The present chapter examines parenting stress and depressive symptoms of parents and children based on Huang et al. (2013)'s study of African-American and Hispanic/Latina mothers in the United States (Huang et al., 2013). Specifically, Huang and colleagues developed a model that identified maternal depression as a key mediator of the relation between parental stress and social support and later child developmental outcomes. The present chapter extends this model to explore the joint influence of mothers and fathers' parenting stress on parental depression and child outcomes in Italy.

Albanian, Russian, Serbian, and Slovene Immigrants in Italy

Italy, like other European regions, has been experiencing marked immigrant flows since the early 1990s. Italy is a desirable European country in which to settle because of the need for immigrant labor and frequent regularization practices (e.g., facilitating official practices to document undocumented and/or irregular immigrants; Ceccagno, 2003). According to official statistics, the current number of immigrants in the country is close to 5 million out of the nearly 61 million national population (Caritas e Migrantes, 2014). The highest percentage of immigrants settle in Northern Italy, where this study has been carried out (35% out of the local population are immigrants; National Statistics Institute, 2013a, 2013b). Major migratory groups are from Eastern Europe, with the largest number of individuals emigrating from Albania, Romania, former USSR, and Serbia. These ethnic groups were selected for several reasons. Albanians and Serbians constitute major ethnic groups among Italian immigrants, especially in the North-Eastern region, representing 13% and 10% of the immigrant population, respectively (National Statistics Institute, 2010). Both Albanian and Serbian migration to Italy increased very rapidly because of close geographic proximity and rapid local economic growth that offer more labor opportunities and stable settlement for these immigrant families (Marra, 2002).

These communities are the largest immigrant groups, and they are well represented in the local social and economic context. They have settled in the past two decades with their families, creating a well-structured community with the tendency to recreate family groups (Piperino, 2002). Both Albanians and Serbians are disadvantaged immigrant groups, but they differ in their migration history and social status. Serbian immigration has a long-term history of migrating for economic reasons and family reunifications, whereas Albanian immigration is a more recent phenomenon in the early 1990s (Mai & Schwandner-Sievers, 2003). Thus, Serbians have had the longest time to adapt to the Italian society as their settlement is also supported by extensive social networks and a cohesive Serbian community. In contrast, Albanian migration is a more recent phenomenon characterized by severe discrimination and negative stereotyping because of the greater prevalence of undocumented refugees and delinquency making them an ideal target for racial prejudice and occasional exploitations by the media (King & Mai, 2009).

In addition to Albanian, Serbian, and Russian immigrant groups, immigrants with a Slovene ethnic background, a bilingual group residing only in the Northeastern Italy, were also explored. Slovenes hold a peculiar minority status compared to the mainstream Italian population and were included because they are integral part of the multiethnic composition of the local population (Brezigar, 1999). Slovenes are a bilingual minority, linguistically similar but ethnically diverse from the Italian majority and at the same time, a long-term acculturated community compared to Albanian, Serbian, and Russian immigrants.

Family Dynamics in Each Cultural Group

Parenting norms and family dynamics are quite different in Albanian, Serbian, Slovene, Russian, and Italian cultures, making it interesting to investigate the extent to which parenting is similar or different across groups. The traditional Albanian family is characterized by social norms of patriarchal values and obedience for authority (Doja, 2010). The father holds the highly respected position within the family. The Albanian family has a large extended structure, headed by an elderly male, usually comprising all of his sons and their wives and children, all living under the same roof (Gruber & Pichler, 2002). Similar to the Albanian family structure, ample evidence documents strong family features of the Serbian community such as family ties, intergenerational connections, and solidarity within and between families as well as the central role of the paternal figure (Brannen, Lewis, Nilsen, & Smithson, 2002; Wallace & Kovatcheva, 1998). There is a strong moral obligation for Serbian parents to support their children financially throughout their education in starting an independent household and in childcare (Tomanović, 2005).

Russian families are characterized by extended network including husband, wife and children, grandparents, aunts and uncles, brothers, sisters, nephews, and nieces. The tradition that everyone should love their own home and protect their family is instilled into Russians since early childhood. Currently, the majority of young men

and women prefer not to enter into marriage quickly; instead, they first strive to receive a good education, find a decent job, and achieve the first successes in their careers (Saralieva, Petrova, & Egorova, 2015). By the time of marriage and the birth of children, the young families have their lives arranged and are able to support themselves financially (Georgas, Berry, van de Vijver, Kagitcibasi, & Poortinga, 2006).

The traditional Slovenian community is oriented around the extended family, and young people have strong family attachment. However, recent trends show delayed parenthood and a low birth rate with the number of marriages declining steadily (Ule & Kuhar, 2008). The Slovenian family has a tradition of relatively high participation of women in the workforce and therefore a dual-earner model, with both parents working full time (Jogan, 2000). Although there is a trend toward a more active role for fathers in family life, the male's role in the family context tends to be limited to assistance, and the majority of childcare remains entrusted to women (Rener & Švab, 2005, 2006).

Finally, our sample includes nonimmigrant Italian mothers, fathers, and their children. The Italian family is also characterized by close familial relationships typical of Mediterranean cultures, where the importance of family bonds and values is still the focus of their society (Georgas et al., 2006). Children typically live with their families until early adulthood (Bonino, Cattelino, & Ciairano, 2006), and parental control plays a central role in Italian families (Ciairano, Kliewer, Bonino, & Bosma, 2008; Ciairano, Kliewer, & Rabaglietti, 2009). A distinctive feature of the Italian family model is the role of the mother, holding a highly respected position in the Italian society as the dominant figure in the family who keeps the family together and is the bond that unifies all family members (Manetti & Schneider, 1996).

In summary, despite commonalities in family bonds and values, Albanian, Serbian, Slovene, Russian, and Italian families differ in household composition and role models. Whereas Albanian and Serbian families put more emphasis on the paternal role, the mother is the dominant figure for Italians. Italian, Russian, and Slovene, compared to Albanian and Serbian families, have less traditional gender roles and fewer children. These cultural differences create an interesting opportunity to investigate whether parenting and parent-child relationships are similar or different among these cultures, as these differences are likely to affect family social integration and well-being within the host Italian context.

The present chapter had three primary aims. The first aim was to explore the extent to which immigrant mothers and fathers' depressive symptoms and parenting stress may differ from the native Italians' stress. Since immigrant families experience more difficulties in adjusting to a host context, in line with the migration-morbidity hypothesis, immigrant parents are expected to report higher depressive symptoms and more parenting-related difficulties than nonimmigrant Italian parents do. Moreover, since the Albanians represent the most severely stigmatized and oppressed minority, they were expected to report higher parenting stress and depressive symptoms than their Russian, Slovene, and Serbian counterparts.

The second aim was to explore the level of depressive symptoms among immigrant compared to nonimmigrant children in order to see if the results are consistent with the migration-morbidity hypothesis (immigrant compared to mainstream children will show higher depressive symptoms) or the immigrant paradox (lower depressive symptoms in the immigrant rather than the mainstream group). Further, similar to their parents, it was hypothesized that Albanian children would report higher depressive symptoms because they are believed to experience more severe discrimination and lower status compared to their Serbian, Russian, and Slovene peers.

Lastly, I investigated the relations between parenting stress and depressive symptoms as reported by mothers, fathers, and children in the overall sample of immigrant and nonimmigrant parent-child dyads. Consistent with prior work (Huang et al., 2013), I predicted that higher levels of parenting stress would be associated with more parental and child depressive symptoms for all groups. As there is no prior research on these constructs with the ethnic groups considered in this chapter, I did not predict any specific ethnic group differences in the relations among parental stress and depressive symptoms.

Methods

Participants

Participants were 390 children aged 7–13 years old ($M = 9.09$ years, $SD = 1.53$) and their parents (mothers mean age = 38.68 years, $SD = 6.97$; fathers mean age = 42.03 years, $SD = 6.82$) residing in North Italy. Demographic characteristics of ethnic groups are presented in Table 10.1. The sample was composed of children with Albanian (19%), Serbian (16%), Russian (8%), and Slovene (16%) immigrant background and Italian mainstreamers (41%). Children must have resided in Italy for at least 1 academic year to be eligible. Mothers and fathers' occupational status was categorized into low, middle, and high SES and combined in one score following the Italian National Statistics Institute occupational classification of professions (Scarnera, 2001). The ethnic groups showed significant age differences, with Italians being 1 year younger than all other ethnic groups, $F(4389) = 7.69$, $p < 0.001$. They also differed in terms of SES, $\chi^2(N = 388) = 112.62$, $p < 0.001$, with Italians having higher SES. No ethnic group differences emerged with respect to gender, $\chi^2(N = 390) = 4.25$, $p = 0.372$, and length of stay in Italy for the immigrant groups, $\chi^2(N = 130) = 3.51$, $p = 0.173$. All subsequent analyses controlled for SES and age effects.

Table 10.1 Descriptive statistics of the sample by ethnic group

	Albanian (<i>n</i> = 73)	Russian (<i>n</i> = 30)	Serbian (<i>n</i> = 61)	Slovene (<i>n</i> = 64)	Italian (<i>n</i> = 162)
Gender					
Male (%)	34	33	41	50	41
Female (%)	66	67	59	50	59
Age, <i>M</i> (SD)	9.56 (1.64)	9.63 (1.74)	9.48 (1.69)	9.11 (1.19)	8.63 (1.38)
Socioeconomic status, %					
Low	81	43	22	27	21
Middle	16	53	78	48	63
High	3	3	–	25	16
Length of residence, %					
1–5 years	70	96	48	–	–
5–10 years	–	4	–	–	–
CDI, <i>M</i> (SD)	10.36 (5.51)	10.03 (5.96)	9.42 (5.46)	8.55 (6.35)	9.25 (6.92)
PSI-SR mother, <i>M</i> (SD)					
Parental distress	36.06 (9.72)	28.20 (4.97)	26.20 (7.23)	25.06 (5.99)	25.75 (6.49)
Difficult child	38.84 (7.78)	21.00 (4.30)	23.07 (8.92)	22.73 (5.59)	21.58 (5.65)
Dysfunctional interaction	31.62 (8.18)	28.60 (11.32)	24.73 (7.86)	28.86 (6.52)	25.66 (7.15)
CES-D mother	29.70 (12.97)	36.60 (15.80)	24.80 (12.82)	29.25 (6.41)	20.30 (12.93)
PSI-SR father					
Parental distress	33.63 (8.19)	23.69 (6.73)	28.49 (7.93)	24.65 (6.53)	24.71 (7.48)
Difficult child	27.88 (6.59)	22.24 (5.13)	24.36 (6.49)	21.87 (7.25)	15.59 (5.73)
Dysfunctional interaction	29.22 (6.01)	30.53 (7.27)	27.47 (6.16)	24.89 (6.34)	25.17 (6.40)
CES-D father	26.23 (11.26)	20.55 (10.02)	25.18 (9.49)	27.88 (8.75)	17.94 (12.30)

Note: *CDI* Children's Depression Inventory, *PSI-SR* Parental Stress Index-Self Report, *CES-D* Center for Epidemiological Studies Depression Scale

Procedure

Prior to data collection, consent was obtained from school authorities. Upon approval, teachers provided access to the children and classes. Concurrently, parents were sent a letter with a description of the project and asked to sign a consent form for their child to take part in the study. Children were recruited from nine elementary schools located in North Italy. The measures for the children were individually administered to each child in a separate room provided by the schools with the assistance of bilingual research assistants. The measures for mothers and fathers were sent to each family and were returned through the teacher in charge of the class. Measures were available in Italian only. Four bilingual research assistants contacted all consenting immigrant parents to assist them in completing the questionnaires.

Measures

Demographic and social characteristics, such as gender, age, ethnicity, time living in Italy, and family SES of each child, were measured using a series of closed questions.

The Children's Depression Inventory (CDI). Children's depressive symptoms were assessed with the Children's Depression Inventory (Kovacs, 1988). Children selected the sentences that best described the way they had been feeling over the past 2 weeks. Each item was scored from 0 to 2 with higher scores indicating a more severe degree of depression. Scores above 13 indicate significant depressive levels in the general school-age population (Poli, Sbrana, Marcheschi, & Masi, 2003). The item concerning suicidal ideation was omitted because of ethical concerns about its inappropriateness in a classroom setting (Samm et al., 2008; Santalahti et al., 2008). The questionnaire has been validated in Italy (Frigerio, Pesenti, Molteni, Snider, & Battaglia, 2001) and has shown good reliability across various ethnic groups of children (Kwak et al., 2008; Vuorenkoski et al., 1998). Internal consistency coefficients for the present sample across ethnic groups ranged from Cronbach α s of 0.74 to 0.85.

The Center for Epidemiological Studies-Depression Scale (CES-D). Mothers and fathers' depressive symptoms were assessed with the CES-D, which was developed by Radloff (1977) and validated in Italy (Fava, 1983). The 20 items on the CES-D assess affective, psychological, and somatic symptoms in the past 2 weeks such as "I felt depressed," "I felt that everything I did was an effort," and "I did not feel like eating; my appetite was poor." In the current sample, internal consistencies across ethnic groups ranged from Cronbach α s of 0.86 to 0.95 for mothers and from 0.71 to 0.95 for fathers.

The Parent Stress Index-Short Form (PSI-SF). Parenting stress was assessed with the 36-item PSI-SF (Abidin, 1995). Items identify parent-child problem areas in parents of children ages 1 month to 12–13 years. The PSI-SF consists of three subscales: parental distress (parent's perception of child-rearing competence and stresses associated with life roles), difficult child (parent's perception that the child does not meet expectations and that dyadic interactions are not reinforcing), and parent-child dysfunctional interaction (parent's view of the child's defiance and demandingness), as well as a total stress scale. Subscale scores can range from 12 to 60, whereas the total score can range from 36 to 180. High scores indicate greater levels of stress. The Italian version of PSI-SF has excellent psychometric properties in addition to numerous studies supporting its use with ethnic minority groups (Golombok et al., 1996; Reitman, Currier, & Stickle, 2011). In the current sample, internal consistencies across ethnic groups ranged from Cronbach α s of 0.89 to 0.96 for mothers and 0.88 to 0.93 for fathers.

Analyses Plan

First, descriptive statistics for the main sociodemographic characteristics of ethnic groups were computed. Second, a set of analysis of covariance investigated ethnic group differences within children and parent samples. Finally, path analyses using Structural Equations Modelling (SEM; Arbuckle, 2009) with all child and parent variables examined associations among parenting stress, parental depressive symptoms, and children's depressive symptoms across groups. Model fit was tested with the comparative fit index (CFI, recommended value > 0.90) and the root mean square error of approximation (RMSEA recommended value < 0.08) (Hu & Benter, 1999).

Results

Ethnic Differences of Parental Stress and Depressive Symptoms of Parents and Children

To address the first research question, two one-way MANCOVAs were conducted (one for mother report and one for father report) with ethnic group as the IV (5 levels), SES and age as the covariates, and parenting stress and depressive symptom reports as the DVs. There was a significant multivariate effect for ethnic group for mothers, which was accounted for by significant ethnic group differences in depressive symptoms, $F(4,388) = 22.92, p < 0.001$, as well as significant differences on all scales of parenting stress; parenting distress, $F(4,388) = 27.82, p < 0.001$; dysfunctional interaction, $F(4,388) = 22.85, p < 0.001$; and difficult child, $F(4,388) = 7.26, p < 0.001$. The results for fathers was similar, including a significant ethnic group multivariate effects and significant univariate differences in depressive symptoms, $F(4,388) = 22.55, p < 0.001$; parenting distress, $F(4,388) = 16.87, p < 0.001$; dysfunctional interaction, $F(4,388) = 15.91, p < 0.001$; and difficult child, $F(4,388) = 8.47, p < 0.001$ (see Table 10.1 for the means). As expected, Albanian mothers and fathers reported higher levels of parenting stress and depressive symptoms compared to parents from other ethnic backgrounds.

Additional analyses were performed to compare mothers versus fathers' scores on parental distress and depression in a series of paired-samples *t* tests. These analyses were exploratory, designed to provide insight into mother–father differences. Results showed that across all ethnic groups, mothers scores significantly higher than fathers on parenting distress, $t(389) = 3.01, p < 0.001$, dysfunctional interaction, $t(389) = 4.82, p < 0.001$, difficult child, $t(389) = 3.19, p < 0.001$, and depressive symptoms, $t(389) = 4.03, p < 0.001$.

Differences in children's reports of depressive symptoms were examined by a 2 (gender) \times 5 (ethnic group) ANCOVA with SES and age as the covariates. The results did not show significant ethnic group in depression across child samples, $F(4387) = 1.15$, $p = 0.33$. There were no significant gender differences either.

Associations Between Parental Stress and Children's Depressive Symptoms

Pearson correlations evaluated the relations between parenting stress and depressive symptoms among parents and their children. To facilitate immigrant versus nonimmigrant group comparisons, all immigrant groups (e.g., Albanian, Serbian, Russian and Slovene) were collapsed into one group and compared to the nonimmigrant Italian group. As shown in Table 10.2, there were significant positive associations between child depressive symptoms and parenting stress in both immigrant and nonimmigrant samples in two domains of the PSI: dysfunctional interaction and difficult child scales. These relations were significant for both mothers and fathers. Thus, more parenting stress related to dysfunctional parent-child interactions and parental perceptions of child difficulty were related to higher levels of depressive symptoms among children in all families. In addition, for nonimmigrant fathers, there was also a significant association between parental distress and children's depressive symptoms.

The results of these Pearson correlation coefficients are also useful for purposes of measuring nonindependence for immigrant and nonimmigrant dyads included in this study (Kenny, Kashy, & Cook, 2006). Table 10.2 shows the correlations between mothers and fathers' reports of parenting stress and depressive symptoms. These correlations show that parental stress as reported by mothers and fathers in both immigrant and nonimmigrant groups are significantly related but not completely overlapping. No significant relations were found between parent and child reports of depressive symptoms.

The relations among parenting distress, parental depressive symptoms, and child depressive symptoms were evaluated via SEM. The model included direct relations between parenting stress and child depressive symptoms and indirect relations between parental stress and child depressive symptoms mediated through parental depressive symptoms. As can be seen in Fig. 10.1, the model showed good fit, $\chi^2(55, N = 390) = 95.03$, $p < 0.01$, CFI = 0.936, RMSEA = 0.043. The parameters for the standardized coefficients for this model revealed significant positive relations between parental stress and depressive symptoms of mothers and fathers. However, depressive symptoms of parents did not mediate the relations between parenting stress and child depressive symptoms. Instead, for fathers, parenting stress was directly related to children's symptoms of depression.

Table 10.2 Correlations of parenting stress, depression, and child outcomes by group

	Immigrant group									Nonimmigrant group								
	1.	2.	3.	4.	5.	6.	7.	8.	9.	1.	2.	3.	4.	5.	6.	7.	8.	9.
Child																		
1. CDI	-									-								
Mother																		
2. PD	0.01	-								0.02	-							
3. DC	0.22**	0.39**	-							0.21**	0.30**	-						
4. DI	0.18**	0.55**	0.44**	-						0.16*	0.42**	0.48**	-					
5. CES-D	0.01	0.31**	0.24**	0.18**	-					0.15	0.19**	0.12	0.08	-				
Father																		
6. PD	0.09	0.51**	0.24**	0.37**	0.19**	-				0.22**	0.23**	0.25**	0.22**	0.03	-			
7. DC	0.15*	0.30**	0.39**	0.28**	0.15**	0.17*	-			0.16**	0.16*	0.26**	0.30**	0.05	0.28**	-		
8. DI	0.24**	0.30**	0.22**	0.43**	0.10	0.35**	0.25**	-		0.31**	0.20*	0.22**	0.22**	0.02	0.35**	0.27**	-	
9. CES-D	0.06	0.22**	0.08	0.15*	0.42**	0.17*	0.02	0.08	-	0.12	0.09	0.03	0.12	0.63**	0.12	0.02	0.08	-

Note: CDI Children's Depression Inventory, PD parenting distress, DC difficult child, DI dysfunctional interaction, CES-D Center for Epidemiological Studies Depression Scale

* $p < 0.05$

** $p < 0.01$

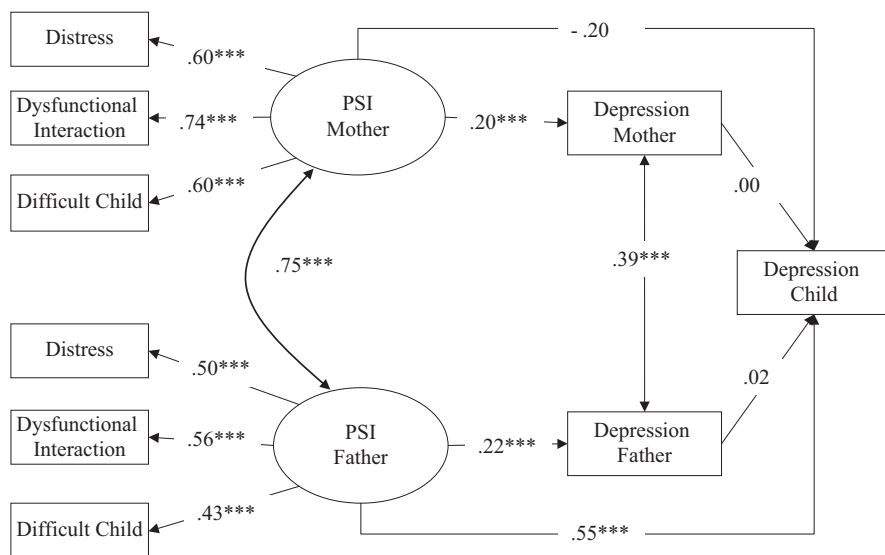


Fig. 10.1 Path model for parenting stress and depression of immigrant and nonimmigrant groups. *Note:* The parameters represent standardized coefficients for the structural covariances model, $\chi^2(55, N = 390) = 95.03, p < 0.01, CFI = 0.936, RMSEA = 0.043$. *PSI* parenting stress index. *** $p < 0.001$

Discussion

Although research on parenting of immigrant families are increasingly relevant in the United States and Canada (Cabrera et al., 2007; Chuang & Moreno, 2011; Chuang & Tamis-LeMonda, 2013), this research is limited in Europe and specifically in Italy, which has turned from a traditional country of emigration to that of immigration. This chapter addressed this gap by investigating parenting distress and its relations to depressive symptoms of immigrant children and their parents in Italy. Specifically, it examined the impact of maternal and paternal depression and parenting stress in immigrant parents and their relationship to child outcomes. Not surprisingly, high levels of parenting stress among immigrant parents were associated with higher levels of parental depression and greater depressive symptoms in children. These finding suggests that the stress associated with parenting and specifically regarding the fathers, independently of family ethnic background, plays a significant role in determining the mental health status of immigrant children. This is consistent with literature and further highlights the importance of having a better understanding of parental distress to support and assist immigrant fathers in managing the stress of child-rearing (Chuang & Tamis-LeMonda, 2013).

Of additional significance is the replication of the finding demonstrating the positive correlation between both maternal and paternal depressive symptoms within a sample of ethnic minority parents, especially since ethnic minority parents have an increased likelihood of experiencing depression (Ornelas & Perreira, 2011;

Yoo, 2013; Yoo & Vonk, 2012). These results also underscore the need for further research on the role of depression and its associated risks for this vulnerable population in order to determine ways depression and stress can be minimized for these parents and their children.

Findings of ethnic group differences in parenting distress and depression revealed that both Albanian parents report higher depressive symptoms and problems in their parenting experiences than their Russian, Serbian, Slovene, and Italian counterparts. The relatively compromised mental health outcomes and parenting among Albanian parents compared to all other ethnic groups are conceivable, given the severe marginalization and negative image of their community in Italy (King & Mai, 2009). This finding has significant implications for research that should pay greater attention to the cultural and contextual specifics of immigrant samples, as well as for intervention programs, to mitigate negative influences of high parental stress. Similar to past research and as expected, Albanian parents reported compromised parenting exemplified by difficult parent-child interaction and overall stressful experiences in raising their children in the host Italian culture. This finding is not surprising given the number of challenges immigration brings into parents' lives due to adjusting to the new sociocultural environment, language difficulties, and loss of social status (Guajardo, Snyder, & Rachel, 2009).

What emerged with respect to children's outcomes suggests that immigrant and nonimmigrant children show equal levels of depressive symptoms. Results are similar to past work supporting the lack of difficulties in immigrant populations (the so-called immigrant paradox) with regard to depressive symptoms. These findings reflect the complexity in outcomes of ethnic groups, since there seem to be adaptive effects that immigrant groups used. Accordingly, despite high-risk factors of stress and neighborhood disadvantages, many immigrant compared to nonimmigrant children and youths reported less emotional (Beiser, Hou, Hyman, & Tousignant, 2002) and behavioral problems (Georgiades, Boyle, & Duku, 2007). Such "healthy migrant effect" related to disadvantaged socioeconomic conditions of immigrant populations has also been reported in other studies in Italy, although findings are mixed. On one hand, there is evidence for the immigrant paradox in immigrant youth in Northeast Italy where Albanian and Serbian immigrants had lower emotional instability and aggression than their native peers (Dimitrova, 2011, 2014). On the other hand, there are also findings in line with the migration morbidity hypothesis in that immigrant adolescents report worse health status than their native peers in terms of acculturation outcomes (i.e., subjective well-being; they were also less satisfied about their life and less happy overall) (Vieno, Santinello, Lenzi, Baldassari, & Mirandola, 2009).

The complexity and diversity of these findings (counterintuitive in the case of the immigrant paradox) make them particularly interesting, as positive health outcomes of immigrants do not correspond to their lower socioeconomic status or the stresses associated with being an immigrant. A potential explanation of the lack of significant differences in depressive symptoms between immigrant and nonimmigrant children in this study may be that these children benefit from support systems (i.e., extended family, ethnic friends, and peers) that provide support and care, which may positively affect child development. Immigrant children are also likely to adjust faster

than their parents to the new country of settlement due to such multiple supports (Rose, 2013).

Finally, the present results only partly support the relation between parenting stress and children's emotional functioning. As hypothesized and in line with past research (Huang et al., 2014), higher levels of parenting stress were associated with higher levels of depressive symptoms for both immigrant and native groups. Significant associations were found for mothers and fathers' reports on two parenting stress domains (difficult relations with the child and dysfunctional parent-child relations) and child depressive symptoms. Although research on the relation between immigrant parenting and child outcomes is relatively sparse and limited, overall studies suggest that children's adaptation is closely related to their parents' experiences of stressful parenting (Cooper et al., 2009). This study extends current research on the influence of parental stress and children's depressive symptoms to a sample of school-aged children in the Italian context of immigration.

Of additional significance is the replication of this finding demonstrating the relations between parental stress and child outcomes with a sample of immigrant parents, especially since these parents have an increased likelihood of experiencing depression (Birkeland et al., 2005; Milan et al., 2004) and stress related to parenting (Huang et al., 2013). These results also underscore the need for further research on the role of parenting stress, and its associated risks, for this vulnerable population in order to determine ways in which stress can be minimized for these parents and their children.

Further test of a path model via SEM failed to support parental depressive symptoms as a mediator of the effects of parenting stress on children's depressive symptoms. Yet, a significant positive association was found between fathers' parenting distress and children's depressive symptoms. The stronger link between fathers' parenting stress and children's well-being compared to mothers' parenting stress is surprising in light of the different roles that mothers and fathers assume. Future research is needed on fathers' involvement in child-rearing in the specific contexts of all of the ethnic groups of this study. As in many countries, in Italy and specifically in the Northern regions where this study was conducted, immigrant mothers are primarily concerned with education and rearing of their children and tend not to work outside of the home, whereas fathers provide resources for the family and tend to be less intensively involved in child issues (National Statistics Institute, 2013a, 2013b). Future research needs to address the nuanced relations of parenting stress and child depression.

Limitations and Conclusions

Although novel in the inclusion of understudied immigrant ethnic groups of children and parents in Italy, the present study has some limitations that need to be acknowledged. First, this study examined the relations among the variables of interest for Albanian, Serbian, Slovene, Russian, and Italian parents and children

together. In order to gather culturally specific information about the experiences of parenting in immigrant families, it is critical that future studies continue to examine inter- and intragroup differences, while also including cultural factors (e.g., acculturation, social support network, ethnic identity). The second limitation is the relatively low numbers of immigrant children and parents within each ethnic group, which may limit generalizability. Due to the low numbers, it was not possible to run a multigroup path model for each ethnic group to verify whether associations among parent–child variables observed at immigrant and nonimmigrant group level show similar pattern in each cultural group of parents and children. Lastly, an important consideration is the influence of specific contexts such as a supportive community or accommodating school that has been shown to promote positive adaption outcomes in immigrant populations in line with the immigrant paradox findings (Beiser, Hou, Hyman, & Tousignant, 2002). Future research should include measures to assess these variables that possibly account for positive well-being among immigrant children.

Despite these limitations, the present chapter contributes to the existing literature by illuminating how parenting distress impacts parental depression and, in turn, child emotional outcomes in an immigrant context. In conclusion, this chapter adds to existing literature by providing data on immigrant children and parents in Italy, given that there has been very little consideration toward understanding these families in this country. The central finding is that parents belonging to a highly stigmatized and disadvantaged immigrant group show significant difficulties in adjusting to the Italian context, which is associated with greater parenting stress. Contrary to their parents, immigrant children fare relatively well compared to their nonimmigrant peers. Despite high stigmatization and disadvantaged social status, immigrant children showed similar levels of depressive symptoms as Italian mainstream children. This is a relevant finding for immigrant children in terms of preventive actions aiming to decrease the likelihood of mental health problems and maladaptive outcomes in these children. Such actions need to address the multiple challenges and strengths in acculturation experience of immigrant children and parents as to ensure benign adjustment conditions and enhance their well-being.

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