Chapter 1

Introduction
Moroccans in the Netherlands

In the 1960s Moroccan men were recruited for temporarily and unskilled work for the Dutch labor market. The first Moroccan migrants found their way to work in the coalmines in the south of the Netherlands. Soon thereafter, in their search for work, many more Moroccan men followed. Most men came from less developed parts of Morocco, following an agreement between the Dutch government and the Moroccan king. The Dutch government thought these poor men would not be too demanding, while the king of Morocco wanted to decrease overpopulation and poverty in Morocco by sending his poorest men to the Netherlands. In the years that followed, more and more Moroccan men settled down permanently and brought their families over to the Netherlands (Centrum voor de Geschiedenis van Migranten (CGM), 2012).

Nowadays, Moroccan immigrants form one of the largest migrant groups in the Netherlands (Statistics Netherlands, 2012). Two percent of the Dutch population is of Moroccan origin and about 40% of these Moroccans are born in the Netherlands (Statistics Netherlands, 2012). The Moroccan community in the Netherlands is socially disadvantaged and characterized by poor housing conditions, poverty, and limited education and career options (Dagevos, Gijsberts & Van Praag, 2003). Dutch police records show that Dutch-Moroccan youths, in comparison to both native Dutch and other ethnic minority groups, are over-represented in the population of juvenile delinquents (Blom, Oudhof, Bijl & Bakker, 2005). Dutch-Moroccan adolescents are five times more often suspect of an offence than native Dutch adolescents. Over half of the Dutch-Moroccan male adolescents has a police record, compared to about 20% of the native Dutch youth (Blom et al., 2005; Blokland, Grimbergen, Bernasco & Nieuwbeerta, 2010). In the classroom, teachers ascribe externalizing problems twice as often to Dutch-Moroccan youths as compared to native Dutch youths, (Stevens, Pels, Bengi-Arslan, Verhulst, Vollebergh & Crijnen, 2003; Zwirs, Burger, Schulpen & Buitelaar, 2006a).

The behavioral problems experienced with Dutch-Moroccan youths in the Netherlands are not unique. The settling down of immigrants in their host countries is often problematic for both the immigrant as well as for the receiving country. Not only for those who migrated, but also or even especially for second, third or even further generations problems may continue to be present (Berry, Phinney, Sam, & Vedder, 2006; Matsunaga, Hecht, Elek & Ndiaye, 2010). Like the Dutch-Moroccan youths in the Netherlands, certain immigrant youths, such as Algerians in France, Turks in Germany and West-Indians in England, are over-represented in crime figures (Engen, Steen & Bridges, 2002; Komen, 2002).

But, why do Dutch-Moroccan youths seem to display so many behavioral problems, including delinquency, as compared to other youths? Are there specific risk factors or mechanisms for developing behavioral problems among these youths? This thesis investigates risk factors and mechanisms that may help to explain the disproportional amount of experienced behavioral problems in Dutch-Moroccan youths.
Delinquency and mental health

Many studies have established a relationship between criminal behavior and mental health problems, both internalizing and externalizing (Moffitt, 1990; Loeber, Stouthamer-Loeber & White, 1999; Junger, Stroebe & Van der Laan, 2001; Vermeiren, 2003; Vreugdenhil, Doreleijers, Vermeiren, Wouters & Van den Brink, 2004). It is therefore not surprising that, in general, increased levels of mental health problems were found among various groups of immigrant offspring (e.g. Bhui et al., 2005; Stevens & Vollebergh, 2008; Goodman, Patel, & Leon 2010; Anderson & Mayes, 2010). Second generation immigrants are equally or even more vulnerable than first generation immigrants to develop mental health problems (Vega, Kolody, Guilar-Gaxiola, Alderete, Catalano & Caraveo-Anduaga 1998; Alegria et al., 2008). As for the Dutch-Moroccan youths there is still debate about whether these youths have increased mental health problems as compared to native Dutch youths. Depending on informant and outcome measures that are used to measure mental health problems, some researchers have found increased problems, while others have not found such differences between Dutch-Moroccan and native youths. On parent reports Dutch-Moroccan youth showed more internalizing and equal externalizing problems as compared to native Dutch youth (Stevens et al., 2003). Teacher reports showed equal (Stevens et al., 2003) or less (Zwirs, Burger, Schulpen, Wiznitzer, Fedder & Buitelaar, 2007) internalizing and more externalizing problems, while self-report measures showed equal internalizing and less externalizing problems (Stevens et al., 2003). Furthermore, based on results of self-reports of delinquent boys, less psychopathology was found in Dutch-Moroccan boys as compared to Dutch boys (Veen, Stevens, Doreleijers, Van der Ende & Vollebergh, 2010). In addition, other studies consistently found an increased risk of psychotic symptoms in Dutch-Moroccans (Veling, Selten, Mackenbach & Hoek, 2007; Selten, Blom, Van der Tweel, Veling, Leliefeld & Hoek, 2008; Veen et al., 2010).

While there are still questions about the prevalence of mental health problems among Dutch-Moroccan youths, it is clear that Dutch-Moroccan youths are under-represented in regular mental health care (Zwirs et al., 2006a; de Haan, Boon, Vermeiren & de Jong, 2012). At the same time, they are over-represented in justice youth care (Boon, de Haan & de Boer, 2010). Research in a youth mental health care institution in the Netherlands revealed that Dutch-Moroccan youth were 2.4 times less likely to receive regular mental health care, while at the same time they were 3.3 times more likely to receive justice interventions as compared to native Dutch youths (Boon et al., 2010). Considering this, it is not likely that the under-representation in regular mental health care is due to an absence of mental health problems among Dutch-Moroccan youths. It signifies the importance of being able to detect mental health problems and of detecting these as early as possible, in order to provide Dutch-Moroccan youths the care that they need and to prevent escalation of problems among them.
Other risk factors related to behavioral problems

So where to start detecting and understanding the displayed problems of Dutch-Moroccan youths. We start with behavioral- or externalizing problems, since these problems are particular problematic because their characteristics (e.g. delinquency, aggression, lying, high levels of hyperactivity) not only affect the individual, but also the family and the wider community. From literature it is known that risk factors that are generally related to behavioral problems, such as poverty, low neighborhood SES, family problems and problems at school are more often present in immigrant youths (Fergusson & Horwood, 1995; Gorman-Smith, Tolan, Loeber & Henry, 1998; Chung & Steinberg, 2006; Hoeve, Dubas, Eichelsheim, Van der Laan, Smeenk & Gerris, 2009). It is however not known whether risk factors for behavioral problems found in general populations also hold for Dutch-Moroccan youth. Moreover, it is not known whether risk factors and processes leading to behavioral problems are universal, like the ‘cultural equivalence model’ assumes, or whether there are differences of impact of risk factors and processes leading to behavioral problems as proposed by the ‘cultural value model’ (Lamborn & Felbab, 2003).

In addition, specific migration related factors might influence behavioral problems among Dutch-Moroccan youths. For instance, problems and challenges that come along with acculturation, such as discrimination may influence immigrant youth mental health (Berry et al., 2006), but also specific family dynamics may be a risk factor for problems in immigrant youths (Stevens, Vollebergh, Pels & Crijnen, 2007a; Stevens, Vollebergh, Pels & Crijnen, 2007b).

THIS THESIS

Aim of this thesis is to investigate what factors are related to behavioral problems among Dutch-Moroccan youths and how these factors are related to these problems. To do so, several risk factors that are generally known to put youth at an increased risk for developing behavioral problems are investigated in various samples of Dutch-Moroccan youths. Different outcome measures are used to explore the full range of the presentation of behavioral problems. Also, differences between Dutch-Moroccan and native Dutch youth in mechanisms that may lead to behavioral problems are studied. In addition specific migration related factors and their associations with behavioral problems are explored.

Screening and assessment of behavioral problems

In order to identify behavioral problems, the use of validated instruments seems self-evident. However, most instruments assessing behavioral problems are based on perceptions of problem behavior from a European or American point of view and most validation data originate from European or American cultures. Meanings of scores are not necessarily
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identical across ethnic groups (Van de Vijver & Tanzer, 1997; Jastrowski Mano, Hobart Davies, Klein-Tasman & Adesso, 2009).

The use of multiple informants is highly valued when screening and assessing behavioral- and other mental health problems in youths (Achenbach, 2006). Whereas teacher and parent reports are typically based on observations in either school or home, self reports reflect internal feelings (Verhulst, Koot & Van der Ende, 1994). Considering these different points of view it is not surprising that there are large differences between teacher, parent and self reports (Verhulst, Dekker & Van der Ende, 1997a). Parents of immigrant children have a lower detection rate of behavioral and other mental health problems of their children as compared to native parents (Zwirs, Burger, Buitelaar & Schulpen, 2006b), which complicates the assessment of immigrant youths’ problems via multiple informants. It has been argued that perceptual differences of mental health problems, social desirable responses, or discrepancies between the child’s behavior at home and outside home, may explain a lower detection rate (Stevens et al., 2003; Zwirs et al., 2006a; Veen et al., 2010). On the other hand, there is also evidence that teachers are biased in their observation of mental health and behavioral problems among immigrant children. Teachers tend to score immigrant children higher on behavior problems as compared to their native counterparts even in the absence of supporting problems (Sonugabarke, Minocha, Taylor & Sandberg, 1993; Lau, Garland, Yeh, McCabe, Wood & Hough, 2004). Considering the above, self-reported measures may be most useful when assessing problem behavior in immigrant children or making comparisons with other ethnic groups.

Nevertheless, instruments used in studies to investigate behavioral problems among immigrant youths have not always been validated in the population for which they were used. The question is whether we measure what we want when investigating behavioral problems in immigrant youths this way. Are there questionnaires that have been properly validated in immigrant, or more generally, in ethnic minority populations? Therefore, in chapter 2 we provide an overview and systematic review of international studies that investigate measurement properties of questionnaires measuring externalizing mental health problems in ethnic minority youth.

Risk factors for delinquent behavior in Dutch-Moroccan children

The overrepresentation in crime of some immigrant groups is evident in many studies (Engen et al., 2002; Komen, 2002). This overrepresentation affects second generation immigrant adolescents in particular, indicating that effects of migration are perceptible across generations. The proportion of immigrant youth in the juvenile justice systems in Europe is between 25% and 50%, while they make up about 12% of youth in the general population (Rossiter & Rossiter, 2009). Considering the relationship between delinquent behavior and behavioral problems and continuity between behavioral problems in childhood
and adolescence (Fergusson, Horwood & Lynskey, 1995), detecting such problems at an early age may prevent escalation during adolescence and later in life. A first police encounter may be an opportunity to detect problems (Van Domburgh, 2009). Therefore, insight in factors associated with delinquent behavior of Dutch-Moroccan children at a young age may enhance early identification of children in need of care.

Research on childhood offenders however, is scarce (Van Domburgh, 2009) and studies among childhood offenders with an immigrant background is non-existent. The combination of environmental stressors, such as social and economical deprivation and a psycho-biological predisposition, is thought to increase the chance of offending. Many of these stressors are present in Dutch-Moroccan youths in the Netherlands. In addition, specific migration related factors could contribute to delinquent behavior of Dutch-Moroccan children. In chapter 3, we will therefore explore risk factors for offending and re-offending in very young Dutch-Moroccan offenders.

The co-occurrence of externalizing and internalizing problems

Previous research consistently found that externalizing problems often co-occur with internalizing problems (Angold & Costello, 1993; Capaldi & Stoolmiller, 1999; Fergusson & Woodward, 2002; Vermeiren, Deboutte, Ruchkin & Schwab-Stone, 2002a; Beyers & Loeber, 2003; Ritakallio, Koivisto, von der Pahlen, Pelkonen, Marttunen & Kaltiala-Heino, 2008). Especially adolescents with co-occurring problems are at risk of developing problems in various life domains (Capaldi, 1992; Capaldi & Stoolmiller, 1999; McCarty, Stoep, Kuo & McCauley, 2006). In a study among a representative sample of Dutch adolescents from the general population, about 8% reported having an externalizing disorder according to DSM criteria (Verhulst, Van der Ende, Ferdinand & Kasius, 1997b), while around 17% of the general population reported having some form of externalizing problem behavior (Vollebergh, Van Dorsselaer, Monshouwer, Verdurmen, Van der Ende, & Ter Bogt, 2006). However, while externalizing problems affect the social environment and are therefore easily visible, internalizing mental health problems are less visible. Especially for immigrant adolescents, who are confronted with a strong emphasis on their externalizing behavior, investigating co-occurring internalizing problems may help understanding their behavior and give directions for effective interventions. In addition, by comparing longitudinal associations of co-occurring problems between Dutch-Moroccan and native Dutch adolescents, differences between presentations of problems during the course of adolescence between the groups can be studied. In chapter 4, we describe longitudinal associations between internalizing and externalizing problems in Dutch-Moroccan adolescents as compared to Dutch adolescents.
Sibling relations and their associations with behavioral- and mental health problems

Since research has consistently shown strong relationships between the quality of family relations and mental health problems, it is worth to investigate specific associations also within the family domain. Sibling relationships in general populations for instance, strongly affect psychosocial functioning (Buist, Deković, & Prinzie, 2013). Several studies have found that conflicts within the sibling relation are a risk factor for developing mental health problems (Stocker, 1994; Bank, Patterson & Reid, 1996; Pike, McGuire, Hetherington, Reiss & Plomin, 1996; Kim, Hetherington & Reiss, 1999; Natsuaki, Ge, Reiss & Neiderhiser, 2009; Vogt Yuan, 2009). However, associations between sibling relations and mental health and behavioral problems may differ among ethnic groups. For instance, in parent-child relations, parental discipline has been found to be a risk factor for mental health problems among Western families, while parental discipline may serve as a protective factor for mental health problems among minority families (Lansford, Deater-Deckard, Dodge, Bates & Pettit, 2004). Until now, no study has investigated the impact of sibling relations on mental health problems among Dutch-Moroccan adolescents and whether associations differ as compared to native Dutch youth. In chapter 5, results are presented of a study on the quality of the sibling relation among Dutch-Moroccan youths and the impact on mental health problems as compared to native Dutch youth. By doing so, differences in impact of risk factors and processes leading to mental health problems between the groups can be studied.

The relation between mental health and acculturation

Acculturation is the cultural and psychological adaption that comes with migration (Escobar, Hoyos & Gara, 2000; Matsunaga et al., 2010). Acculturation is an important migration-related risk factor for developing behavioral and mental health problems. Previous research has established a relation between acculturation and mental health problems among migrants (Sam, 2000; Berry, 2005; Berry et al., 2006). However, much less is known about how acculturation is associated with behavioral and mental health problems. It has been suggested that acculturation creates challenges that place immigrant adolescents at risk of developing problems (Szapocznik & Kurtines, 1993; Atzaba-Poria, Pike & Deater-Deckard, 2004; Berry et al., 2006). One of the risk factors that come along with acculturation is discrimination (Armenta & Hunt, 2009). Results of studies on discrimination indicate a negative relationship between discrimination and self-esteem (Fischer & Shaw, 1999; Romero & Roberts, 2003; Schaafsma, 2011). Although previous studies have focused on relationships between acculturation and mental health, only a few include either discrimination or self-esteem. Chapter 6, describes a study in which we explored associations between acculturation, discrimination, self-esteem and mental health and behavioral problems in Dutch-Moroccan youth.
SAMPLES

In order to explore behavioral problems among Dutch-Moroccan youths, three samples were used in this thesis:

In chapter 3, a representative sample of 97 male childhood offenders who were arrested before the age of twelve was used. In addition, a control group of 43 Dutch-Moroccan boys without registered police contacts was composed. Information was derived from police recordings, child welfare agencies and from instruments administered to parent(s) and children. Two years after the initial data-collection, police data were collected to identify re-offenders. This resulted in 35 re-offenders and 65 singular offenders and a control group of 40 non-offenders.

In chapter 4 and 5, we used a sample from a longitudinal study, in which both Dutch-Moroccan and native Dutch adolescents were included, enabling comparison between the groups. The sample consisted of 159 Dutch-Moroccan and 159 native Dutch adolescents, matched on socio-economic status. These adolescents all participated in the ongoing longitudinal RADAR study (Research on Adolescent Development And Relationships), a population based cohort study in the Netherlands. Boys and girls at risk of developing externalizing behavioral problems were over-sampled in the study. Data was obtained by means of self-reported questionnaires.

In chapter 6, we used data drawn from a large study on Dutch-Moroccan youth and mental health. From this cross-sectional study, 407 Dutch-Moroccan youths between the ages 9 to 15 were included in our study. Data was collected on primary schools (grades 6 to 8) and secondary schools (grade 1 to 3) throughout the Netherlands. Data was obtained by means of a web-based survey.

Each sample had its own strengths. Compared to research limited to one sample, the use of various samples provided a more complete picture in exploring behavioral problems among Dutch-Moroccan youths. The Dutch-Moroccan youths in all samples were almost all second-generation migrants. Throughout this dissertation we use the terms ‘Dutch-Moroccan’ or ‘Moroccan youths/adolescents’ to refer to Moroccan immigrants offspring.