

# Perceived Discrimination and Symptoms of Internalization in Migrant Adolescents: A Systematic Review

## Göçmen Ergenlerde Algılanan Ayrımcılık ve İçselleştirme Belirtileri: Sistematik Derleme

 Onat Yetim<sup>1</sup>

<sup>1</sup>Toros University, Mersin

### ABSTRACT

This study aims to systematically review research examining the relationship between perceived discrimination and internalization symptoms in immigrant adolescents. A systematic search was conducted in the Google Scholar and PubMed databases; studies published between January 1993 and May 2025 were evaluated. The search strategy used the keywords "immigrant adolescents," "migrant youth," "refugee adolescents," "perceived discrimination," and "internalizing symptoms" together with Boolean operators. The search yielded 198 studies; after removing 37 duplicate studies, the titles and abstracts of the remaining 161 studies were reviewed, and 64 articles that did not meet the inclusion criteria were excluded. Of the 97 studies whose full text was reviewed, 69 were excluded for various reasons, and 28 studies were included in the analysis. The studies reviewed were conducted in countries such as the US, Canada, Europe, Türkiye and Australia. The findings revealed that perceived discrimination showed a meaningful and strong relationship with internalizing psychopathologies such as depression, anxiety, psychosomatic symptoms, obsessive-compulsive disorder, and post-traumatic stress disorder. Mediating variables such as self-esteem, family cohesion, cognitive appraisal of discrimination, and socioeconomic status, as well as moderating variables such as ethnic identity, acculturation, family support, traditional family values, age, and transcultural identity, were found to play an important role in this relationship. These findings indicate that experiences of discrimination are a serious risk factor for the mental health of immigrant adolescents and should be taken into account in the development of preventive mental health policies.

**Keywords:** Perceived discrimination, internalization, ethnic identity, acculturation, immigrant adolescents

### ÖZ

Bu çalışma, göçmen ergenlerde algılanan ayrımcılık ile içselleştirme belirtileri arasındaki ilişkiyi inceleyen araştırmaları sistematik olarak derlemeyi amaçlamaktadır. Sistematīk tarama, Google Scholar ve PubMed veri tabanlarında yürütülmüş; Ocak 1993 ile Mayıs 2025 arasında yayımlanan çalışmalar değerlendirilmiştir. Arama stratejisinde "immigrant adolescents", "migrant youth", "refugee adolescents", "perceived discrimination" ve "internalizing symptoms" anahtar kelimeleri Boolean operatörleriyle birlikte kullanılmıştır. Tarama sonucunda 198 çalışmaya ulaşılmış; tekrar eden 37 çalışma çıkarıldıkten sonra kalan 161 çalışmanın başlık ve özetleri incelemīş, dahil etme kriterlerini karşılamayan 64 makale elenmiştir. Tam metin incelenen 97 çalışmadan 69'u çeşitli nedenlerle dışlanmıştır, 28 çalışma analize dahil edilmiştir. İncelenen araştırmalar ABD, Kanada, Avrupa ve Avustralya ve Türkiye'de yürütülmüştür. Bulgular, algılanan ayrımcılığın depresyon, anksiyete, psikosomatik belirtiler, obsesif-kompulsif bozukluk ve travma sonrası stres bozukluğu gibi içselleştirici psikopatolojilerle anlamlı ve güçlü bir ilişkini gösterdīğini ortaya koymūştur. Ayrıca benlik sayıs, ailecilik, ayrımcılığın bilişsel değerlendirilmesi ve sosyoekonomik statü gibi aracı; etnik kimlik, kültürleşme, aile desteği, geleneksel aile değerleri, yaşı ve transkültürel kimlik gibi düzenleyici değişkenlerin bu ilişkide önemli rol oynadığı belirlenmiştir. Bu bulgular, ayrımcılık deneyimlerinin göçmen ergenlerin ruh sağlığı açısından ciddi bir risk faktörü olduğunu ve önleyici ruh sağlığı politikalarının geliştirilmesinde dikkate alınması gerektiğini göstermektedir.

**Anahtar sözcükler:** Algılanan ayrımcılık, içselleştirme, etnik kimlik, kültürleşme, göçmen ergenler

## Introduction

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The adaptation and lifestyles of immigrant adolescents have become the focus of recent research trends and political discourse (Canino and Spurlock 2000, Vedder and van Geel 2012, Brown 2017). Although the migration experiences of different migrant groups vary, migrants generally face difficulties in their interactions with established groups (Bhugra and Becker 2005, Yetim 2022). Migrants often possess skills that are not fully compatible with the culture of the destination country, have limited work permits, access social, economic, and health resources in different ways, and encounter significant barriers in their integration and settlement processes with the local population (Adadeji and Bulinger 2019, Rogne et al. 2019). Furthermore, migrants are also subject to negative perceptions such as being 'victims of a growing humanitarian crisis' or 'elements creating instability' (De Haas 2008, Schapendonk 2012).

The experiences of discrimination that migrant adolescents face in school and social relationships have negative effects on their personal development and academic achievement (Brown and Chu 2012, Brown 2015, Oxman-Martinez et al. 2012). For example, Benner et al. (2018) systematically reviewed 214 articles on race, gender, psychological well-being, and perceived discrimination among immigrant adolescents and found that young people's perceptions of discrimination were significantly associated with increased levels of socio-emotional distress, low academic performance, and risky health behaviors. Similarly, Bilgin (2017) conducted a systematic review based on 16 articles examining the relationship between perceived discrimination and internalization symptoms among immigrants living in OECD countries, reaching meaningful findings.

Discrimination is defined as unfair treatment, negative attitudes, and behavioral tendencies experienced by an individual due to their membership in a particular group (Dovidio et al. 2010). Group memberships subject to negative evaluations can include various individual characteristics such as race, ethnicity, place of birth, socioeconomic status, sexual orientation, or level of physical/mental capacity (Brown and Bigler 2005). Discrimination can manifest itself in the form of direct hostility towards outgroups, or it can take the form of favoring one's own group by creating disadvantageous conditions for other groups.

Perceived discrimination encompasses the process of an individual experiencing or perceiving themselves as being the target of discrimination (Paradies 2006). However, there may be differences between objective and perceived experiences of discrimination among young people. Some researchers have stated that perceived discrimination may be a weak indicator in the assessment of objective discrimination (Han 2014). For example, even in situations where there is no objectively discriminatory behavior, some immigrant adolescents may interpret the non-discriminatory actions of others as discriminatory. Therefore, even in situations lacking objective validity, it is possible for immigrant adolescents to perceive negative events as discriminatory and for this perception to affect their mental health (Lazarus and Folkman 1984).

Perceived discrimination is conceptualized as the feeling of being excluded or rejected by members of an outgroup (Schmitt et al. 2014). One of the most common challenges immigrant adolescents face in the process of adapting to the host country is experiences of perceived discrimination from the established community (Alegria et al. 2008, Rios-Salas and Larson 2015). Because adolescence is a developmental stage characterized by high sensitivity to social relationships and where the perceptions of others about the adolescent are critically important, experiences of discrimination have a significant negative impact on the adolescent's mental health (Rogers-Sirin and Gupta 2012). Migrants' perceptions of discrimination show a dramatic increase with the transition from middle childhood to adolescence (Brody et al. 2006, Greene et al. 2006).

Compared to childhood, adolescents become more competent in understanding social processes thanks to their increased cognitive and social skills. Therefore, adolescents can evaluate their perceptions of discrimination more clearly. During adolescence, young people develop sensitivity, particularly regarding perceived discrimination, and three key stages are important in this process. First, through various cognitive processes, young people categorize themselves as belonging to a specific group. The source of discrimination can range from the adolescent's immediate environment, such as the school setting, to

more distant environments, such as administrative and public spaces (Rios-Salas and Larson 2015). The school environment constitutes a critical area of life for adolescents in terms of experiencing various types of relationships, such as peer relationships and teacher-student interactions, and the frequency of these relationships. However, all public spaces and the life practices experienced in these spaces also play an important role in adolescents' development of perceptions of discrimination.

Classifying mental health outcomes is critical for analyzing the effects of discrimination experiences on the mental health of migrant adolescents. In this context, mental health outcomes are evaluated in two main categories: positive and negative. Negative mental health outcomes include emotional distress or distress; negative affect; depressive disorders; obsessive-compulsive disorder; psychosomatization; and anxiety disorders. Positive mental health outcomes, on the other hand, include components such as self-esteem, life satisfaction/personal fulfillment level, quality of life, psychological well-being, and positive affect (Paradies 2006).

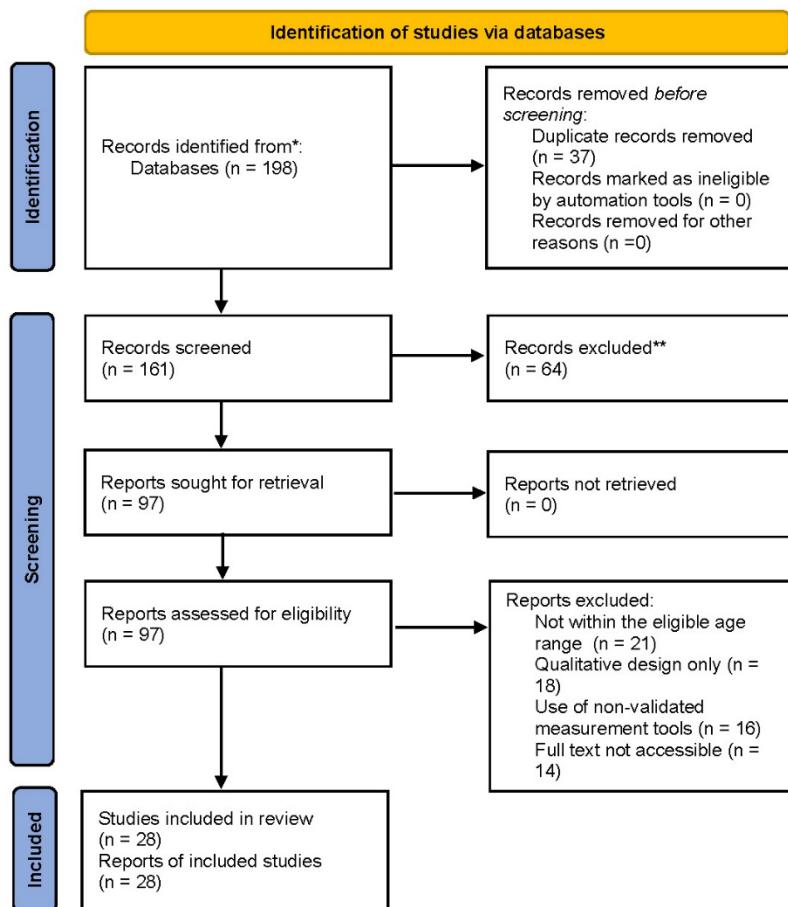
Perceived discrimination has negative effects on both the physical and mental health of immigrant adolescents (Williams et al. 2003, Paradies 2006, Pascoe and Smart Richman 2009). In a systematic review by Pascoe and Smart Richman (2009) that included 192 studies, it was found that the negative effects of discrimination on mental health were more pronounced than on physical health. Furthermore, exposure to discrimination was found to be the strongest predictor of negative mental health outcomes across all ethnic immigrant adolescent groups and in both genders (Berry et al. 2006, Pascoe and Smart Richman 2009). Another meta-analysis study covering 328 articles (Schmitt et al. 2014) found that perceived discrimination has more pronounced negative effects on mental health in children and adolescents aged 18 and under compared to adults. The negative effects of perceived discrimination, including increased depression, emotional distress and distress, anxiety, and psychosomatization symptoms, are generally observed with internalizing disorders (Williams et al. 2003, Paradies 2006).

Research on discrimination reveals that immigrant adolescents experience discrimination most intensely in school settings and when accessing healthcare services. These experiences can take the form of social exclusion and bullying at the peer level (Brown and Chu 2012), unequal and unfair treatment by teachers or school administrators (Brown 2015), and anti-immigrant attitudes in daily life in general (Rong and Brown 2002). The experiences of discrimination faced by young people are generally categorized into two main types. The first category is 'isolated discrimination'. This type of discrimination is linked to specific perceived events and does not show continuity or frequency in terms of time or context (Major et al. 2002). The second category is 'pervasive discrimination'. This category involves the widespread perception of systematic, persistent, cumulative, and ongoing events as discrimination (Schmitt and Branscombe 2002).

The literature has shown that perceived pervasive discrimination is more strongly associated with internalization and externalization symptoms than perceived isolated discrimination (Schmitt and Branscombe 2002, Schmitt et al. 2003). It has been noted that perceived widespread discrimination leads to greater rejection and exclusion by the majority group in society and causes an increase in psychological stress responses (Pascoe and Smart Richman 2009). In this regard, increased psychological stress responses associated with widespread discrimination have adverse effects on the mental health of immigrant adolescents, particularly internalizing symptoms (Branscombe et al. 1999). Discrimination can be individual or widespread, targeting both the individual and the entire social group (Schmitt et al. 2014, Rios-Salas and Larson 2015.). Discrimination directed at the individual is called 'personal discrimination', while discrimination directed at the entire group is called 'group discrimination' (Garcia Coll et al. 1996, Rios-Salas and Larson 2015). According to some researchers, both perceptions of discrimination have adverse effects on the mental health of immigrant adolescents, particularly internalizing disorders such as major depressive disorder (Garcia Coll et al. 1996, Edwards and Romero 2008). However, immigrants and disadvantaged groups perceive personal discrimination as more threatening and believe that exposure to personal discrimination has more persistent negative consequences on their lives (Crosby 1984, Postmes et al. 1999). Furthermore, a meta-analysis study conducted by Schmitt et al. (2014) shows that personal discrimination is more strongly associated with internalizing mental health outcomes such as depression, social or generalized anxiety disorder, and negative affect in all minority and immigrant groups compared to group discrimination.

The literature identifies various mediating and moderating variables in the relationship between perceived discrimination and internalizing mental health outcomes (Cristini et al. 2011, Schmitt et al. 2014). Moderating variables are defined as factors that influence the direction and strength of the relationship between independent and dependent variables (Baron and Kenny 1986). Mediating variables represent the intermediate mechanisms that explain the relationship between perceived discrimination and internalizing disorders (Baron and Kenny 1986). In the analysis of moderator and mediator variables, the primary objective is to identify variables that explain the relationship between perceived discrimination and internalizing disorders and determine possible protective effects and risk factors.

This study aims to systematically examine the relationship between perceived discrimination and internalizing symptoms among immigrant adolescents based on empirical research published between 1993 and 2025. A thorough analysis of the complex interactions between internalizing symptoms and perceived discrimination, as well as the protective factors that influence this relationship, is crucial for advancing our theoretical understanding and developing evidence-based intervention strategies. The majority of studies in the current literature focusing on this relationship have been conducted using cross-sectional designs, which generally report only univariate relationships and address mediating and moderating factors in a fragmented manner, which makes it challenging to interpret the findings holistically and apply them in practice. In this regard, the study aims to both expand the theoretical knowledge base and provide a comprehensive evidence map that can be used in planning mental health services for immigrant youth.



**Figure 1. PRISMA flow chart**

## Method

The main objective of this systematic review is to comprehensively evaluate existing findings on the relationship between perceived discrimination and internalizing disorders among immigrant adolescents.

In this context, not only direct relationships but also all variables reported to have a mediating or moderating effect on this relationship were systematically examined. Thus, the aim was to reveal the critical effects of discrimination perceived by immigrant adolescents on internalizing disorders. The inclusion process was conducted in accordance with the inclusion and exclusion criteria detailed in Table 1.

<b>Table 1. Inclusion and exclusion criteria</b>		
	<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
Sample	<ul style="list-style-type: none"> <li>-Studies involving first, second, or third-generation adolescents aged 10-22 who are refugees, asylum seekers, or migrants born in the target country before or after migration.</li> <li>-Studies involving migrant adolescents without any chronic neurological or physical illness.</li> </ul>	<ul style="list-style-type: none"> <li>-Studies that do not include first-, second-, or third-generation migrant youth.</li> <li>-Studies focusing on children up to 10 years of age or adults, excluding adolescents.</li> <li>-Studies involving migrant adolescents with any chronic neurological or physical illness.</li> </ul>
Research Focus	<ul style="list-style-type: none"> <li>-Research evaluating discrimination perceived at the individual or group level due to ethnicity, race, culture, or immigrant background.</li> </ul>	<ul style="list-style-type: none"> <li>-Studies evaluating perceived discrimination for other reasons.</li> <li>-Studies that do not represent the entire migrant population or that focus on specific groups.</li> </ul>
Variable Selection and Measurement	<ul style="list-style-type: none"> <li>-Studies that evaluate perceived discrimination as an independent variable and internalizing mental health outcomes as a dependent variable.</li> <li>-Studies in which perceived discrimination and internalization symptoms are measured based on self-report.</li> </ul>	<ul style="list-style-type: none"> <li>-Studies in which perceived discrimination is evaluated as the dependent variable.</li> <li>-Studies in which perceived discrimination is not measured empirically or is measured experimentally.</li> </ul>
Research Design and Publication Type	<ul style="list-style-type: none"> <li>-Published articles found in English online article search engines such as Google Scholar and PubMed.</li> <li>-Full-text articles that are fully accessible online.</li> <li>-Empirical, quantitative, or mixed-method research (quantitative and qualitative).</li> </ul>	<ul style="list-style-type: none"> <li>-Grey literature (e.g. assignments, reports, or presentations).</li> <li>-Articles written in languages other than English or without peer review.</li> <li>-Meta-analysis studies, case/example presentations, and qualitative studies.</li> </ul>

## Search Strategy and Databases

This systematic review was conducted in accordance with PRISMA guidelines. Studies were systematically searched in the Google Scholar and PubMed databases between January 1993 and May 2025. The following keywords and Boolean operators were used in the searches: ("immigrant adolescents" OR "migrant youth" OR "refugee adolescents") AND ("perceived discrimination" OR "ethnic discrimination") AND ("internalizing symptoms" OR "depression" OR "anxiety" OR "psychosomatic" OR "obsessive compulsive disorder" OR "post-traumatic stress disorder"). Searches were limited to articles published in English with full text available. The exclusion of non-English publications was discussed as a factor limiting the generalizability of the study. The year 1993 was selected as the starting year because it marked a significant increase in studies focusing on the psychosocial adjustment of immigrant adolescents.

## Inclusion and Exclusion Criteria

Predefined criteria for articles to be included in the study are presented in Table 1. Briefly, inclusion criteria were first-, second-, or third-generation immigrant/refugee/asylum-seeking adolescents aged 10-22; studies examining perceived discrimination as an independent variable and internalization symptoms as a dependent variable; studies using self-report scales; quantitative studies published in peer-reviewed journals. Exclusion criteria were studies involving children under 10 years of age or adults; participants with chronic neurological/physical illnesses; qualitative studies, case presentations, or scale development; non-peer-reviewed gray literature.

## Article Selection Process

Studies conducted between 1993 and 2025 found in online article search engines such as Google Scholar and PubMed were searched using the keywords "immigrant adolescent," "immigrant youth," "perceived discrimination," "discrimination," "psychiatric disorders," and "internalization symptoms." As a result of the search process, 198 articles that were likely to meet the study criteria were identified. Of these articles, 37 were excluded from the study due to duplication. A two-stage selection process was applied to the remaining 161 articles. The first stage was a title and abstract screening, and the second stage was a full-text screening. The article selection process is summarized in Figure 1 (page 39) using the PRISMA flow diagram.

## Article Title and Abstract Screening

Article abstracts and titles were reviewed within the framework of inclusion and exclusion criteria. After excluding duplicate articles ( $n = 37$ ), 161 titles and abstracts were screened. Articles that did not meet the inclusion criteria were labeled "no," while articles that fully met the inclusion criteria were labeled "yes." However, articles that did not fully meet the inclusion criteria were labeled "maybe" and included in the full-text screening process. The full-text screening process continued with articles labeled "yes" and "maybe." Sixty-four studies were excluded because they did not meet the inclusion criteria in the article title and abstract screening process. Age screening criterion Studies that included age groups outside the range (10-22 years), focused on adults, did not examine internalization symptoms, did not assess perceived discrimination, included adolescents with any chronic neurological or physical illness, or involved research designs such as scale validity and reliability or scale development were excluded. After 64 studies were excluded for the stated reasons, 97 articles were selected for full-text screening.

## Full-Text Screening

During the full-text screening, a detailed review was conducted to assess the articles' compliance with the inclusion and exclusion criteria. During the full-text screening, 69 articles were excluded. In these excluded studies: perceived discrimination was not evaluated as an independent variable; the effects of perceived discrimination on internalizing disorders were not emphasized; discrimination was not measured with a self-assessment scale; a qualitative research design was used; worked with specific migrant adolescent groups such as those living in rural areas, or partially represented the migrant adolescent population, or focused on young people who experienced discrimination for other reasons (e.g. such as sexual orientation). Thus, the 28 articles reached as a result of the full-text screening were reviewed in detail.

## Data Extraction and Analysis

Sample size, age range, country/continent, discrimination and internalization measurement tools used, mediating/moderating variables, and key findings were extracted from the included articles. Findings were presented at a descriptive level only; meta-analytic statistical methods were not applied due to methodological heterogeneity across studies.

## Results

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### Participants in the Selected Articles

The sample size in the reviewed studies ranged from 91 to 4288. The age group included the 10-22 age range, covering pre-adolescence or early adolescence, middle adolescence, and late adolescence (Sawyer et al. 2012). Although the inclusion criterion for young people in some review studies was set at 10-19 years, the 19-22 age group was included in the study because most studies with adolescents also included 21-year-olds (Liebkind and Jasinskaja-Lahti 2000, Ellis et al. 2010).

**Table 2. Reviewed studies**

First Author	Sample	Research Design	Age	Discrimination measurement	Internalization Measurement	Instrumental Variable	Moderator Variable
Jasinskaja-Lahti 2000	170	Cross-sectional	12-19	Composite Discrimination Scale	Hopkins Symptom Screening List	Self-esteem	-
Alegria 2024	344	Longitudinal	12-15	Racial Discrimination Index	Revised Children's Anxiety and Depression Scale	-	-
Müller 2019	98	Cross-sectional	11-19	Daily Discrimination Scale	Hopkins Symptom Screening List	-	-
Knauss 2015	91	Cross-sectional	14-17	Perceived Personal Discrimination Scale, Perceived Group-Level Discrimination Scale	Reynolds Adolescent Adjustment Screening Inventory	-	Transcultural Identity
Suh 2025	214	Cross-sectional	16-20	Urban Discrimination Scale	Beck Depression Scale	-	-
Mesch 2008	1420	Cross-sectional	12-18	Composite Discrimination Scale	Child Behavior Checklist/Depression	-	-
Oppedal 2004	137	Longitudinal	13-14	Perceived Discrimination Scale	Hopkins Symptom Checklist	Self-Esteem	Family Support
Tummala-Narra 2013	95	Cross-sectional	13-19	Composite Discrimination Scale	Center for Epidemiological Studies Depression Scale	-	Ethnic Identity
Ayon 2010	150	Longitudinal	10-18	Perceived Discrimination Scale	Youth Self-Report Scale	-	Parenting
Basanez 2013	1045	Longitudinal	14-17	Perceived Discrimination Scale	Center for Epidemiological Studies Depression Scale	-	Ethnic Group Support
Jasinskaja-Lahti 2001	170	Cross-sectional	12-19	Perceived Discrimination Scale	Psychological Adjustment Scale	Self-Esteem	Commitment to Family Values, Family Support
Ellis 2010	135	Cross-sectional	11-20	Daily Discrimination Scale	UCLA Posttraumatic Stress Disorder Response Index	-	Acculturation
Patel 2015	189	Cross-sectional	11-18	Status-Based Rejection Sensitivity Scale	Youth Self-Report Scale	Cognitive Appraisal of Discriminator Events	Age
Rios-Salas 2015	2346	Cross-sectional	12	Perceived Social and Interpersonal Discrimination Scale	Center for Epidemiological Studies Depression Scale	-	Socioeconomic Status

**Table 2. Reviewed studies**

First Author	Sample	Research Design	Age	Discrimination measurement	Internalization Measurement	Instrumental Variable	Moderator Variable
Smokowski 2007	323	Longitudinal	11-19	Perceived Discrimination Scale	Youth Self-Report Scale	Parenting	-
Smokowski 2007	100	Cross-sectional	12-18	Perceived Discrimination Scale	Youth Self-Report Scale	Parenting	-
Kim 2011	444	Longitudinal	12-15	Chronic Daily Discrimination Scale	Center for Epidemiological Studies Depression Scale	-	-
Slonim-Nevo 2009	195	Longitudinal	12-19	Perceived Discrimination Scale	Brief Symptom Inventory	-	-
Leventhal 2018	2735	Cross-sectional	12-19	Social Discrimination Scale	Center for Epidemiological Studies Depression Scale	-	-
Christophe 2019	175	Cross-sectional	10-15	School-Based Discrimination Scale	Mood and Emotions Questionnaire	-	-
Bennett 2020	547	Longitudinal	11-16	School Discrimination Scale	Youth Self-Report Scale	-	-
Espinosa 2021	4288	Longitudinal	11-16	Perceived Discrimination Index	Center for Epidemiological Studies Depression Scale	Self-esteem	-
Forster 2021	353	Cross-sectional	12-19	Daily Discrimination Scale	Center for Epidemiological Studies Depression Scale	-	Problem- and Emotion-Focused Coping
Park 2024	600	Cross-sectional	10-17	Perceived Discrimination Scale	Center for Epidemiological Studies Depression Scale	-	-
Ergin 2021	226	Cross-sectional	10-18	Perceived Discrimination Scale	Center for Epidemiological Studies Depression Scale	-	-
Ellis 2022	395	Longitudinal	10-18	Daily Discrimination Scale	Hopkins Symptom Screening List	-	-
Yan 2024	3245	Cross-sectional	10-14	Perceived Discrimination Scale	Child Behavior Checklist/Internalization	-	Family Affection and Support

A study conducted in Turkey on the relationship between perceived discrimination and internalization symptoms among immigrant adolescents (Ergin 2021) was examined. Other studies reviewed were conducted in the US, Canada, Australia, and European countries. The ethnic/geographic origin distribution of immigrant adolescents in the studies examined included Latin Americans (those identifying as Latino, Hispanic, or Afro-Latino), Africans, Chinese Americans, East Asians (Chinese, Korean), South Asians (Bangladesh, India, Nepal, Pakistan, Thailand, Tibet), Middle Easterners or citizens of Arab/Muslim countries, Somalis, Turks, citizens of Russian-speaking countries, and citizens of countries that were part of the former Yugoslavia.

When refugee, asylum-seeking, or immigrant adolescents in the reviewed studies were assessed based on the timing or nature of their migration to the destination country, only two studies (Edwards et al. 2008, Ellis et al. 2022) included third-generation immigrant adolescents (children of second-generation immigrant parents) who were born in the destination country in their sample, while other studies included second-generation immigrant adolescents who were born in the destination country and/or first-generation immigrant adolescents who were born abroad and later arrived in the destination country.

## Overview of Variables in Selected Articles

The reviewed studies generally focused on the perceived relationship between widespread (non-isolated, repeated) cultural, ethnic/racial discrimination and internalization disorders. However, the form or nature of discrimination defined in the studies examined may vary. For example, some studies did not specify any particular form or context of discrimination (Müller et al. 2019, Alegria et al. 2024), examine perceived personal and group discrimination (Knauss et al. 2015), and investigate perceived discrimination in school settings from adults and peers (Oppedal et al. 2004, Mesch et al. 2008, Tummala-Narra and Claudius 2013, Lo et al. 2017, Christophe et al. 2019, Bennett et al. 2020, Yan et al. 2024) and addressing perceived discrimination in public, administrative, and school settings (Mesch et al. 2008).

In the reviewed studies, 15 studies were identified that examined mediating and moderating variables in the relationship between perceived discrimination and internalization symptoms. These studies examined the effect size and mechanisms of variables that mediate or have a moderating, protective effect on the relationship between perceived discrimination and internalization symptoms.

Family support (Ayon et al. 2010), ethnic group support (Basanez et al. 2013), transcultural identity (Knauss et al. 2015), family support (Jasinskaja-Lahti and Liebkind 2001, Oppedal et al. 2004), adherence to traditional family values (Jasinskaja-Lahti and Liebkind 2001), ethnic identity (Tummala-Narra and Claudius 2013), acculturation (Ellis et al. 2010), coping styles (Forster et al. 2021), age (Patel et al. 2015), and socioeconomic status (Rios-Salas and Larson 2015) were analyzed as moderating variables. Self-esteem (Jasinskaja-Lahti and Liebkind 2001, Oppedal et al. 2004, Espinosa 2020), familism (Smokowski and Bacallao 2007, Smokowski et al. 2007), cognitive appraisal of discriminatory events (Patel et al. 2015), and socioeconomic status (Suh et al. 2025) were examined as mediating variables.

In addition, the measurements in all selected studies are based on quantitative self-assessment scales. Only six studies used ethno-culturally valid and reliable scales for assessment (Jasinskaja-Lahti and Liebkind, 2001, Slonim-Nevo et al. 2009, Ayon et al. 2010, Kim et al. 2011, Basanez et al. 2013, Knauss et al. 2015), while in other studies, the scales used were adapted to the participants' native language.

## Results Related to Perceived Discrimination and Internalization Symptoms

In 26 of the 28 reviewed studies, perceived discrimination was found to directly and significantly predict internalizing mental health outcomes and to show strong relationships with these variables. In the other two studies (Jasinskaja-Lahti and Liebkind 2001, Oppedal et al. 2004), perceived discrimination was found to have a significant indirect effect on internalization symptoms via self-esteem. Perceived discrimination, assessed in different populations and contexts, was found to predict an increase in internalization symptoms, and both variables were found to be significantly related to each other

(Smokowski et al. 2007, Patel et al. 2015, Lo et al. 2017, Leventhal et al. 2018, Müller et al. 2019, Bennett et al. 2020, Alegria et al. 2024, Yan et al. 2024).

The four reviewed studies (Smokowski et al. 2007, Patel et al. 2015, Müller et al. 2019, Yan et al. 2024) assessed internalizing disorders more broadly, addressing symptoms of internalizing without emphasizing specific internalizing disorder diagnoses. However, studies specifically addressing internalizing disorders have found a significant increase in the prevalence of perceived discrimination in major depressive disorder, social and generalized anxiety disorder, panic disorder, and psychosomatic symptoms (Liebkind and Jasinskaja-Lahti 2000, Smokowski and Bacallao 2007, Ayon et al. 2010, Leventhal et al. 2018, Ergin 2021, Ellis et al. 2022, Alegria et al. 2024, Suh et al. 2025) and increased severity of post-traumatic stress disorder symptoms (Ellis et al. 2010, 2008, Ellis et al. 2022). These increases in internalizing symptoms occur in parallel with increases in perceived discrimination.

A longitudinal study revealed that the level of perceived discrimination experienced by migrant adolescents in ninth grade determined the severity of major depressive disorder symptoms experienced by these adolescents in eleventh grade (Basanez et al. 2013). In two other longitudinal studies, adolescents were followed for 6 months. These studies found that adolescents' exposure to discrimination at school predicted their depression levels six months later (Lo et al. 2017, Bennett et al. 2020). The effects of perceived discrimination on depression may be longer lasting. It is noted that perceived discrimination is the most important factor explaining interpersonal differences in depression, psychosomatic, and obsessive-compulsive symptom levels, particularly in situations where discrimination is experienced persistently, continuing during the first year after migration and two and a half years after migration (Slonim-Nevo et al. 2009). A longitudinal study of 344 Mexican immigrant adolescents (Alegria et al. 2024) revealed that one-third of adolescents who perceived discrimination in their daily lives had a diagnosis of major depressive or persistent depressive disorder, while 44.5% had a diagnosis of any anxiety disorder. Furthermore, the association between exposure to discrimination in middle school and depressive symptoms predicts the development of major depressive disorder in high school (Kim et al. 2011).

A study that controlled for young people's initial depression levels indicated that perceived discrimination from adults and peers in the school environment was a significant predictor of more depressive symptoms longitudinally (Mesch et al. 2008). Furthermore, perceived discrimination from adults and peers at school was found to be positively associated with increased depressive symptoms among immigrant adolescents born in the country of arrival, but this was not the case for youth born before migration (Tummala-Narra and Claudius 2013). Thus, the internalizing consequences of early-onset or chronic discrimination experienced from early childhood onwards may be more pronounced. Alegria et al. (2024) reported that immigrant adolescents who perceived racial-ethnic discrimination from teachers, students, and adults had high levels of internalization, such as social anxiety disorder and major depressive disorder. In another study with immigrant youth exposed to war trauma, the relationship between discrimination experienced at school and in daily life after migration and internalization symptoms was assessed longitudinally. In a two-year follow-up study with assessments at six-month intervals, perceived discrimination in the second and third assessments was found to predict depression and anxiety disorders in the fourth assessment (Ellis et al. 2022). However, this study found that perceived discrimination did not cause a significant increase in post-traumatic stress disorder symptoms among immigrant youth. Nevertheless, youth with persistent post-traumatic stress disorder symptoms in this study remained stable throughout the follow-up, meaning their symptom levels did not decrease over time (Ellis et al. 2022). The results of this study indicate that adolescents who experienced war trauma before migration are associated with negative experiences after migration, particularly depression and anxiety disorders.

Among the studies reviewed on discrimination at the personal and group levels, one study (Knauss et al. 2015) showed that both personal and group-level discrimination predicted higher levels of depression and psychosomatization symptoms. Migrant adolescents report experiencing group-level discrimination more than personal discrimination. It has been found that the perception of discrimination at the societal level, i.e., in a more general sense, significantly predicts increased depression symptoms (Mesch et al. 2008, Rios-Salas and Larson 2015). However, discrimination perceived in the school context is more strongly associated with depressive symptoms than perceived societal discrimination (Mesch et al. 2008). The fact

that the number of immigrant youth in schools is generally lower than that of local students and that youth typically spend time with their friends in the school environment may explain these findings. Thus, discrimination experienced in general community spaces such as shopping malls is more likely to be evaluated in terms of ethno-cultural group identity, while discrimination perceived from classmates or school friends whom one knows and frequently spends time with is more likely to be evaluated as more personal and to be more strongly associated with internalization symptoms. Detailed information on the reviewed studies is presented in Table 2 (page 41-42).

## **Results Related to Moderating and Mediating Variables**

In 15 of the 28 reviewed studies, mediating and moderating variables were analyzed in the relationship between perceived discrimination and internalization symptoms. The mediating role of self-esteem was tested in four studies (Jasinskaja 2000, Jasinskaja-Lahti and Liebkind 2001, Oppedal et al. 2004, Espinosa 2021), and in two of these, an indirect relationship rather than a direct relationship was found between perceived discrimination and internalizing mental health outcomes. In the studies that found an indirect relationship (Jasinskaja-Lahti and Liebkind 2001, Oppedal et al. 2004), self-esteem was shown to play a mediating role in the relationship between perceived discrimination and depression, anxiety disorders, and psychosomatic symptoms. The relevant studies also determined that adherence to traditional family values (Jasinskaja-Lahti and Liebkind 2001) and family support (Jasinskaja-Lahti and Liebkind 2001, Oppedal et al. 2004) also had mediating effects.

In a large-scale longitudinal study involving 4,288 immigrant adolescents from diverse cultural backgrounds including Asian, Hispanic, African, and European origins, the effect of self-esteem on the relationship between perceived discrimination and depression was assessed twice at three-year intervals (Espinosa 2021). In this study, the first assessment (average age approximately 14 years) showed that perceived discrimination did not significantly and strongly predict depression symptoms and low self-esteem in the follow-up three years later. However, in the second assessment of this study (average age approximately 17), it was found that the discrimination perceived by young people was significantly and strongly associated with low self-esteem and symptoms of depression. This study found that 29.6% of the total effect of perceived discrimination on depression symptoms was mediated by self-esteem (Espinosa 2021). Studies highlighting the mediating role of self-esteem also found that family adherence to traditional values (Jasinskaja-Lahti and Liebkind 2001) and family support (Jasinskaja-Lahti and Liebkind 2001, Oppedal et al. 2004) exerted moderating effects. The findings of related studies reveal that adolescents who perceive high family support show stronger adherence to traditional values, have higher self-esteem, and experience less discrimination.

In a study conducted by Patel et al. (2015) involving 189 immigrant adolescents from different cultures, it was found that the cognitive evaluation of discriminatory events had a mediating effect on the relationship between perceived discrimination and internalization symptoms. This study also identified the moderating effect of age on the relationship between perceived discrimination and internalization symptoms, revealing that younger adolescents resorted to cognitive rumination more frequently when exposed to discriminatory events. It is noted that younger adolescents, who subject discriminatory events to a more intense cognitive evaluation process, exhibit more pronounced internalization symptoms (Patel et al. 2015). Studies conducted by Smokowski et al. (2007) and Smokowski and Bacallao (2007) found that family loyalty, i.e., perceived discrimination, had a mediating effect on the relationship between depression, anxiety, and psychosomatization symptoms. In a study conducted by Smokowski and Bacallao (2007) involving 323 Latin American immigrant adolescents, high family loyalty mediated the relationship between perceived discrimination and internalization symptoms, thereby reducing the negative effects of perceived discrimination. However, this study found that parent-adolescent conflict and high attachment to Latin culture had a moderating effect. In other words, this study observed an increase in the negative effects of perceived discrimination, such as acculturation stress and internalization symptoms, in cases of high levels of parent-adolescent conflict or attachment to Latin culture (Smokowski and Bacallao 2007). Parental-adolescent conflicts can reduce the positive effects of attachment to family values and family life.

Transcultural identity (Knauss et al. 2015) and socioeconomic status (Rios-Salas and Larson 2015) have been found to play a moderating role in the relationship between perceived discrimination and psychosomatization and depression symptoms. Adolescents from families with high socioeconomic status or who have developed a strong transcultural identity exhibit fewer symptoms of depression and psychosomatization despite experiencing discrimination. It has been noted that immigrant youth who prefer the separation strategy in acculturation, i.e. preserving their own ethnic culture, show an increase in internalization symptoms (Smokowski and Bacallao 2007).

In a study of 214 participants investigating the relationship between perceived discrimination and depression among immigrant university students (Suh et al. 2025), socioeconomic level and status showed a moderating effect on the relationship between perceived discrimination and depression. This study revealed that immigrant adolescents with parents of lower socioeconomic status reported more depressive symptoms than those with parents of higher socioeconomic status in situations of discrimination (Suh et al. 2025).

A study by Ellis et al. (2010) involving 135 Somali-origin adolescents who migrated to the US determined that acculturation patterns differing based on gender showed moderating effects in the relationship between perceived discrimination and internalization symptoms. Among male adolescents acculturated to American culture, i.e., adopting a strategy of integration with the culture of their host country, and female adolescents acculturated to Somali culture, i.e. adopting a strategy of separation by preserving their own culture, lower rates of post-traumatic stress disorder and depression symptoms were observed in situations of perceived discrimination (Ellis et al. 2010).

A study conducted by Tummala-Narra and Claudius (2013) involving 95 adolescents revealed that ethnic identity played a moderating role in the relationship between perceived discrimination from peers and adults in the school context and depression. This study found that among adolescents who were born in the destination country and showed low to moderate attachment to their own ethnic group identity, school-based perceived discrimination was positively associated with symptoms of depression. In other words, immigrant adolescents born in the destination country and showing a high level of ethnic identity were less affected by symptoms of depression. This study also found that post-migration adolescents showed more internalization symptoms than pre-migration adolescents (Tummala-Narra and Claudius 2013).

A study evaluating the relationship between perceived discrimination and major depressive disorder and anxiety disorders among 353 Somali and Hispanic immigrant adolescents found that problem-focused and emotion-focused coping styles were moderating variables (Forster et al. 2021). In this study, adolescents who used high levels of problem-focused coping strategies and low levels of emotion-focused coping strategies were found to have lower rates of depression and anxiety symptoms. However, adolescents who used a low level of problem-focused coping strategy and a high level of emotion-focused coping strategy showed higher rates of depression and anxiety symptoms (Forster et al. 2021).

## Discussion

The findings of this systematic review provide a comprehensive analysis of the systematic and consistent effects of immigrant adolescents' experiences of discrimination on internalization symptoms. The vast majority of the 28 studies examined found that perceived discrimination had significant and strong predictive effects on internalizing psychopathologies such as depression, anxiety disorders, psychosomatization, and obsessive-compulsive disorder. This empirical evidence clearly demonstrates that discrimination is not merely a factor creating socioeconomic disadvantage for immigrant adolescents, but also a systematic psychosocial risk factor that seriously affects psychological adjustment processes. In immigrant adolescent samples from heterogeneous ethnic groups and varying sociodemographic characteristics across different geographic regions, the relationship between perceived discrimination and internalizing disorders is consistently replicated. These results provide strong empirical support for the cross-cultural validity of perceived discrimination as a phenomenon affecting different internalizing psychopathologies.

The findings of the reviewed studies also shed light on the underlying mechanisms of the complex relationship between perceived discrimination and internalization disorders. In addition to mediating variables such as self-esteem, socioeconomic level and status, family involvement, and cognitive appraisal of discrimination, the presence of moderating factors such as transcultural identity, ethnic identity, coping strategies, family support, adherence to traditional family values, level of acculturation, socioeconomic status, and age is critical for developing intervention strategies. Identifying supportive and protective factors provides roadmaps for immigrant adolescents to develop resilience against the negative effects of discrimination.

Perceived discrimination was found to significantly predict and be positively associated with major or persistent depressive disorder, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, and psychosomatic symptoms in immigrant adolescents. These results support the existing literature (Pak et al. 1991, Sandhu and Asrabadi 1994, Gil and Vega 1996). However, one of the studies examined (Tummala-Narra and Claudius 2013) states that perceived discrimination has a significant effect on internalizing symptoms in immigrant adolescents born in the destination country, while this effect was not found in immigrant adolescents born before the migration process. This result contradicts some studies (e.g. Sirin et al. 2013) showing that immigrant adolescents born before the migration process exhibit internalizing psychopathologies such as depression and anxiety disorders more than immigrant adolescents born in the destination country. However, there are also studies in the literature that do not support this finding. In other words, findings showing that being born and raised as a racial/ethnic minority in the destination country leads to a higher rate of psychopathology development in adolescents (Nguyen 2006, Alegria et al. 2008, Tummala-Narra et al. 2011) These findings partially overlap with the results of Tummala-Narra and Claudius (2013). Psychopathologies are more commonly observed in immigrant adolescents born in the destination country compared to local adolescents. However, many factors can influence the differences observed between youth born before or after migration, such as the presence or absence of traumatic experiences such as war exposure prior to migration, the age of the child or youth at the time of migration, whether they migrated with their family, problems experienced by caregivers before or during migration, or the psychopathologies of caregivers.

However, adolescents born and raised in the destination country tend to be more affected by perceptions of discrimination because they develop a stronger sense of belonging to that country. On the other hand, adolescents born before migration may be less likely to be negatively affected by perceptions of discrimination as they experience fewer processes of discrimination and labeling (Tummala-Narra and Claudius 2013). Nevertheless, the social support that adolescents born in the destination country receive from their own cultural environment has a protective effect against the negative psychological effects of perceived discrimination. The caregivers and social networks of immigrant youth are important sources of support during their growth and development process.

Depression symptoms, one of the most frequently studied internalizing disorders in the reviewed studies, are strongly predicted by perceived discrimination. Research indicates that following perceived discrimination, major depressive disorder, social anxiety disorder, and generalized anxiety disorder stand out among internalizing disorders in terms of both increased prevalence and increased severity of psychiatric symptoms (Metzner et al. 2022). However, studies show that, in addition to the direct, meaningful relationship between perceived discrimination and depressive symptoms, other accompanying stressors (e.g. acculturation stress) may also contribute to increased rates of depression (Williams et al. 2003, Williams and Mohammed 2009). The link between discrimination and depression should be evaluated within a broad social context that includes multiple stressors (Han 2014). The perception of discrimination is not the only environmental risk factor affecting depressive symptoms in young people (Kraemer et al. 2001, Gee et al. 2007). In summary, determining the effects of different stressors on the discrimination-depression relationship through future studies will contribute to clearer assessments of the findings of the reviewed studies.

Children and adolescents develop through active interaction with their family and social environment (Bronfenbrenner and Morris 2007). The environments that have a greater impact on adolescent development are close environments such as family and peer groups (Guralnick 2006). The influence of the

immediate environment on the relationship between perceived discrimination and internalization symptoms was examined in a systematic review (Rios-Salas and Larson 2015). Rios-Salas and Larson (2015) distinguished perceived discrimination in the social environment (administrative, public, and social settings) and in the school context. The researchers found that discrimination perpetrated by adults and peers in the school environment had a stronger effect on internalization symptoms than discrimination originating in the social environment (Rios-Salas and Larson 2015). Adolescence is described as a developmental period in which the importance of social relationships, social expectations, and demands dramatically increases (Sawyer et al. 2012). It should also be noted that adolescents are mostly sensitive to their immediate school environment rather than public and administrative areas. As adolescents become more focused on their environment and peers, they gain more autonomy. For young people whose social networks are expanding and who are discovering a wider environment, the vital importance of their relationships with their parents continues to be preserved. Therefore, for adolescents, discrimination that they perceive directly from their immediate environment, such as their peers and friends, or indirectly through their families, i.e. through their parents, creates more negative effects on internalization symptoms.

Children and adolescents can show changes in their emotional and behavioral patterns by dynamically adapting to changing conditions and environments during their development. These changing environments contain potential risk factors and protective elements for young people (Bronfenbrenner and Morris 2007). In terms of the mental health of immigrant youth, protective environmental factors such as social support are important, as well as environmental risk factors such as perceived discrimination. For example, in the relationship between perceived discrimination and internalization symptoms, the most common mediating and moderating environmental and individual variables that show protective effects are social support (from family and/or friends), in-group identification, ethnic identity, coping strategies, personality traits, and acculturation strategies (Schmitt et al. 2014). Findings and information regarding these individual and environmental factors, which we have mentioned previously, will be presented under the relevant headings.

The protective and regulatory role of adherence to traditional family values and family support (Jasinskaja-Lahti and Liebkind 2001, Tummala-Narra and Claudius 2013) has been noted in the context of perceived discrimination, and other studies have supported this finding (Feldman et al. 1992, Markowitz 1994, Sam 1995, Gil and Vega 1996). It is stated that the fundamental developmental task of adolescence is the emergence of a consistent sense of self or identity, defined by internal and interpersonal continuity alongside the existence of an autonomous self (Erikson 1968). Although adolescence can also be defined as a transition period to adulthood (WHO 2017), adolescents are highly sensitive to the positive or negative influences of their parents or families. In addition to perceived support from the family, young people's adherence to their families' traditional values or norms acts as a protective function against the effects of perceived discrimination on internalizing disorders.

During adolescence, a series of neurobiological and physiological developments occur in the brain, including structural and functional changes, increased neuronal plasticity, metabolic changes, gender-specific physiological maturation, and changes in circadian rhythms (Dahl et al. 2018). The regulatory effect of increasing age and the mediating role of cognitive appraisal of discrimination in this maturation process have been demonstrated in one study (Patel et al. 2015). This regulatory and mediating relationship can be explained within the framework of the developmental model of perceived discrimination (Brown and Bigler 2005) and the findings of Eccleston and Major (2006). Neurobiological changes during adolescence support cognitive processes such as the development of abstract thinking and perspective-taking skills, enabling adolescents to develop increasingly complex and sophisticated thoughts about themselves and their environment. At the same time, adolescents engage in the process of developing a life story that integrates their experiences, goals, values, sense of meaning, and future expectations into a coherent whole (McAdams 2018). With the emergence of an agentic self, self-narrative becomes a tool for making sense of past, present, and possible future events, supporting the identity formation process. In the developmental model of perceived discrimination, it is emphasized that as young people grow older, their ability to understand the mental states of others develops, and they attach importance to their feelings and

thoughts about how they are perceived by others. As they grow older, immigrant adolescents become more aware of cultural groups, stereotypes, social and cultural prejudices, and discrimination, and they attach importance to making sense of such events they experience (Brown and Bigler 2005). Thus, with increasing age, the development of young people's capacity to evaluate and integrate negative events they experience can lead to negative psychological consequences such as increased internalization symptoms (Eccleston and Major 2006).

One of the reviewed studies (Tummala-Narra and Cladudius 2013) indicates that ethnic identity has a protective and regulatory effect on internalizing disorders. Ethnic identity refers to an individual's sense of belonging to their own ethnic/cultural group and embracing this sense of belonging (Tummala-Narra and Cladudius 2013). The development of ethnic identity accelerates during adolescence, and ethnic belonging, which is an important part of the identity formation process, solidifies over time, extending into later years (Greene et al. 2006, Rivas-Drake et al. 2008). However, it should be noted that studies have produced mixed results regarding the relationship between perceived discrimination and internalization disorders, with ethnic identity playing both protective and detrimental roles. For example, while some studies with young adults and adolescents belonging to ethnic minorities support the protective effect of ethnic identity in the relationship between perceived discrimination and internalization disorders (Quintana 2007, Alegria et al. 2008, Umana-Taylor et al. 2008) other studies highlight the role of ethnic identity in potentially increasing the negative psychological effects of perceived discrimination (Operario and Fiske 2001, Sellers and Shelton 2003, Yoo and Lee 2009, Syed and Azmitia 2010, Smith and Silva 2011). These differing results are considered to be a reflection of a multifactorial process involving the events experienced by the young person before and during migration, as well as the acculturation policies implemented in the country to which the young person migrated. In societies that support integrative policies and develop social support mechanisms within cultural groups, ethnic identity can act as a buffer against the negative effects of perceived discrimination. Conversely, in countries that adopt assimilation policies, ethnic identity can increase the negative effects of perceived discrimination.

A study found that transcultural identity plays a protective and regulatory role against the negative effects of perceived discrimination related to internalizing symptoms such as major depressive disorder and externalizing symptoms such as aggressive behavior (Knauss et al. 2015). In this study, transcultural identity refers to young people exhibiting intercultural identity characteristics in the sense of integrating and becoming closer to the culture of the country they come from (Knauss et al. 2015). Young people with transcultural identity characteristics are able to flexibly combine their own cultural background with various different cultural characteristics (Rowe and Schelling 1991, Pieterse 1994).

Although studies in the literature indicate a direct negative relationship between the mental health of immigrant youth and their socioeconomic status (Hudson et al. 2012), there are also studies that do not support the regulatory role or significant effects of socioeconomic status (Rios-Salas and Larson 2015). In the context of the relationship between perceived discrimination and internalization symptoms, studies exist that support the notion that youth with high socioeconomic status are in an advantageous position to cope with the negative effects of perceived discrimination (Krieger and Sidney 1996, Krueger and Chang 2008).

It is argued that low socioeconomic status increases the process of being negatively affected by perceived discrimination and leads to the internalization of discrimination. For example, Suh et al. (2025) indicate that the household income levels of immigrant adolescents have moderating effects on the relationship between discrimination and symptoms of depression. This study found that the negative effects of perceived discrimination on depressive symptoms were more pronounced when household income or socioeconomic status was low. The results of these studies highlight that young people with low socioeconomic status are in a more vulnerable position to discrimination and that protective, supportive policies need to be developed for families with low household income levels to prevent the internalization of discrimination from becoming the norm (Feagin and Imani 1994, Hudson et al. 2012).

According to most developmental studies, ethnic identity consists of five elements. These are 1) self-identification as a member of a particular ethnic group, 2) attachment and commitment to the group, 3)

attitudes toward the group, 4) shared approaches and beliefs, and 5) unique ethnic traditions and practices (Rotherham and Phinney 1987). Acculturation is generally conceptualized as immigrants adapting to the society they migrate to and the dominant culture. Acculturation is defined based on the individual's level of identification with the culture of the country of migration or their own ethnic culture. One study on acculturation found that acculturation strategies had a regulatory effect on the negative impact of perceived discrimination on internalizing disorders (Ellis et al. 2010). This study found that the strategy of integration with the culture of the country of migration has protective effects for male adolescents, while for female adolescents, the strategy of separation, i.e. preserving their own culture, has protective effects (Ellis et al. 2010).

Ellis et al. (2010) also stated that there were not enough studies investigating the relationship between gender and acculturation, suggesting that immigrant adolescents from patriarchal cultures may exhibit different acculturation patterns according to gender in relation to the culture of the country they migrated to and their own ethnic culture. Consistent with these findings, Qin-Hilliard (2003) also suggests that it may be beneficial for immigrant children and adolescents to adopt different acculturation strategies based on demographic characteristics such as age and gender. Ultimately, the role of acculturation in the relationship between discrimination and internalization disorders should be comprehensively examined. The frequency of acculturation strategies observed in different age and gender groups and the psychological effects of these acculturation strategies should be clarified.

It is stated that self-esteem plays a mediating role in the relationship between perceived discrimination and internalization disorders. In the three studies examined (Jasinskaja-Lahti and Liebkind 2001, Oppedal et al. 2004, Espinosa 2021), self-esteem mediated the relationship, and it was argued that the effects of perceived discrimination on internalization disorders were indirect. One study found that young people's perceived discrimination negatively affected their self-esteem levels and that self-esteem played a mediating role in the relationship between perceived discrimination and internalizing disorders (Schmitt et al. 2014). Similarly, perceived discrimination was found to be negatively related to self-esteem (Bourguignon et al. 2006), and self-esteem played a mediating role in depressive symptoms (Bolognini et al. 1996). It has been noted that perceived discrimination during adolescence directly predicts low self-esteem and high prevalence of major depressive disorder (Greene et al. 2006, Zeiders et al. 2012). Ultimately, self-esteem plays a critical role in the relationship between perceived discrimination and internalizing disorders. However, the direct negative effects of perceived discrimination on self-esteem should also be considered. Given that immigrant adolescents with high self-esteem may be less affected by internalizing disorders, developing strategies to enhance and strengthen self-esteem is also important.

Familialism is defined as strong family loyalty based on the extended family (Cauce and Domenech-Rodriguez 2000, Smokowski and Bacallao 2007, Smokowski et al. 2007). Studies show that the role played by strong family loyalty appears complex. For example, in one study, the role of familism in the relationship between perceived discrimination and internalizing disorders was evaluated in the context of acculturation stress (Gil et al. 2000). Gil et al. (2000) found a strong negative relationship between familism and acculturation stress among immigrant adolescents. Thus, this study observed that family loyalty reduced the acculturation stress or difficulties experienced by young people. However, this result contradicts the findings of another study. It has been suggested that high family loyalty increases acculturation stress by limiting immigrant youth's access to new peer environments (Gil et al. 1994). The effects of family loyalty on acculturation, perceptions of discrimination, and internalization disorders should be evaluated in different ethnic and cultural minority groups.

The main limitations in the reviewed studies are deficiencies or inadequacies in the comparative design, the linguistic and cultural compatibility of the scales, the inclusion of diverse age groups, the sample size, and the generalizability of the results. However, the vast majority of the studies included in this review have a cross-sectional design, which allows for the evaluation of relationships between variables only at a single point in time; however, it does not permit inferences about causal direction, temporal sequencing, or long-term effects. Thus, cross-sectional designs allow for the assessment that perceived discrimination leads to psychopathologies, as well as the interpretation that young people with psychiatric symptoms perceive discrimination more.

The comparative design limitation of the studies is that none of the five comparative cohort studies included a comparative group of the same age from the local culture. In most of the studies conducted, the evaluation of immigrant youth by comparing them with immigrant adolescents of their own age group may lead to bias, negatively affecting the generalizability and power of the study's results, as the sample does not include young people in the country of immigration (Beiser et al. 2012). In the limited comparative studies conducted, sample sizes may be insufficient for evaluating different developmental periods, and assessments may be made using scales that do not take cultural adaptation into account (Beiser et al. 2012). Ultimately, it is important to compare immigrant youth with local and minority adolescents of the same age group living in the society they have migrated to, taking into account the time they migrated to the country, and to evaluate the differences between the groups by considering the context in which the youth find themselves and the different developmental stages of adolescence, rather than interpreting the results based solely on the general average.

The language and cultural adaptation of the measurement tools used in the studies are another limitation. According to Geisinger (1994), when working with low-population minority groups, the cultural adaptation of existing measurement tools is insufficient. However, only six of the included studies (Jasinskaja-Lahti and Liebkind 2001, Slonim-Nevo et al. 2009, Ayon et al. 2010, Kim et al. 2011, Basanez et al. 2013, Knauss et al. 2015) used culturally adapted, valid, and reliable measurement tools. This situation is controversial because immigrant adolescents differ from native adolescents not only in terms of language but also in terms of cultural background. It is important that studies use scales that are valid and reliable in the languages of local and immigrant adolescents and that are culturally sensitive, i.e., culturally appropriate, taking into account the cultural differences and sensitivities of immigrant adolescents (Geisinger 1994). Along with this, cross-cultural differences require clarification as to whether the psychological symptom examined by the scale used is perceived in the same way in both cultures or whether it represents the same psychological symptom structure.

The fundamental limitation in the generalizability of the results of the studies is that the majority of the studies were conducted with Latin American adolescents who migrated to the United States. As is well known, the most recent and largest migration/refugee crisis began in 2011 (UNHCR 2017) and has spread in waves from Middle Eastern countries (mostly Syria, Afghanistan, and Iran) to neighboring countries and Western countries (The World Bank 2017). In our review, only one study was conducted with Syrian migrant adolescents (Ergin 2021). This study was conducted in Turkey. There are at least three million Syrian and other refugees in our country (General Directorate of Migration Management 2023). Nearly half of this number consists of children and adolescents. In such a large community, the inability to investigate the relationship between perceived discrimination and internalization disorders with large samples is a significant gap. Future studies should focus primarily on migrants from Middle Eastern countries.

In the literature, migrants' perceptions of discrimination are generally assessed in terms of internalization symptoms. However, in recent years, there has been an increase in studies focusing on the positive factors that support the psychological well-being of relatively resilient immigrant youth who do not exhibit obvious psychopathological symptoms (Keyes 2000, Hodes et al. 2001, Beiser et al. 2012). These researchers examine the factors that support psychological resilience in the coping mechanisms of immigrants of all age groups, including immigrant and refugee adolescents, with social stressors and traumatic experiences (Sharon et al. 2009, Vaage et al. 2010). Thus, it is emphasized that the association between perceived discrimination and psychopathological symptoms should be evaluated while considering positive personal achievements and interpersonal relational processes such as social adjustment, academic achievement, character traits, and interpersonal competence traits.

This review study has certain limitations. The studies included in this review exhibit a high level of methodological heterogeneity in terms of sample sizes, age ranges, cultural contexts, and measurement tools used. Due to this diversity, the findings of the studies are presented only descriptively, and meta-analytic statistical methods have not been applied. While this limits the quantitative generalizability of the results, it provides valuable insights into the qualitative patterns revealed by the current findings. However, studies in which perceived discrimination in exclusion criteria was measured as a dependent

variable were not evaluated. Our findings will become clearer with a detailed review of the factors affecting perceived discrimination.

Furthermore, this review does not include studies examining young people in specific groups, such as those living in rural areas or young people who are bullied for reasons other than ethnoracial discrimination, which may negatively affect the generalizability of the review's results. Our study focused on the results of research related to perceived discrimination towards migrants/refugees. Furthermore, the time constraints of the systematic review, the fact that only one reviewer conducted the study, and the reviewer's involvement throughout the entire research process are limitations that may create potential bias. A review process involving multiple researchers would increase the reliability of the study's results.

As mentioned earlier, there is a need for comparative and longitudinal studies that include both immigrant and native youth. Furthermore, it would be appropriate to use culturally compatible, valid, and reliable measurement tools in future studies. This would enable researchers to obtain more accurate results and ensure that the scales assess the same structure in the cultures of both immigrant and local youth (Geisinger 1994). However, there is a need for studies involving young migrants/refugees from Middle Eastern countries in research on perceived discrimination. Attempting to adapt the results of studies that show the migrating population and the host country exhibit different characteristics to different contexts is not meaningful. It is known that adolescents who have migrated from other countries, particularly young Syrian refugees, live predominantly in Turkey. UNHCR (2017) has determined that Syrian migrants have been the fastest-growing migrant/refugee population over the past decade. Syrian migrants are vulnerable to potential psychopathologies due to stressors before or during migration, such as war trauma, traumatic loss, separation from family or their environment, and stressors that may occur after migration, such as discrimination (Yetim 2022, 2024). Finally, as stated by Antonovsky (2002), coping skills with negative processes or traumatic experiences are important. Therefore, future research should also focus on young people's coping strategies and factors that support coping processes.

The first recommendation in this regard is that the impact of perceived discrimination on internalizing symptoms, such as depression and anxiety disorders, among immigrant adolescents should be examined in assessments and during pharmacotherapy and psychotherapy processes. When assessing the effects of perceived discrimination in young people, it is important for mental health professionals also to consider the effects of factors such as family support, adherence to traditional family values, transcultural and ethnic identity, acculturation and coping styles, age, and socioeconomic status. These protective factors can contribute to the development of psycho-educational interventions aimed at reducing the adverse effects of exposure to discrimination in school-based mental health programs and family counseling services. However, it is necessary to identify protective or supportive factors that provide opportunities for positive development and change among immigrant youth living in Turkey.

At the societal level, there is a need for policies and strategies developed with broad community participation, including stakeholders such as public institutions and organizations and civil society organizations, to reduce overt or covert forms of ethnic and cultural discrimination. Thus, informative psychoeducational meetings can be organized to raise awareness about the negative psychological effects of discrimination on local and immigrant youth and their families. In addition, it would be beneficial to develop school-based strategies for the early detection of and intervention in internalization disorders commonly observed after discrimination, through group training sessions created with the participation of local and migrant youth, led by school counselors. Safe environments should be built for migrant adolescents where the negative effects of perceived discrimination are minimized.

## **Conclusion**

This systematic review identifies and discusses the consequences of perceived discrimination on internalizing disorders among immigrant adolescents living in Turkey, the United States, Australia, Canada, and European countries. Analysis of the 28 selected studies showed that perceived discrimination has a significant effect on internalizing symptoms in immigrant adolescents; it revealed that perceived

discrimination increases the prevalence of major depressive disorder, anxiety disorders, psychosomatization, post-traumatic stress disorder, and obsessive-compulsive disorder. Furthermore, the results of the studies indicate that there are variables that regulate or mediate the relationship between perceived discrimination and internalizing disorders. Self-esteem, socioeconomic class and status, family cohesion, and rumination on experienced discrimination events are important variables that positively or negatively mediate the relationship between perceived discrimination and internalizing symptoms. Furthermore, variables such as transcultural and ethnic identity, coping strategies, family support, adherence to traditional family values, acculturation, age, and socioeconomic class and status have a significant moderating effect, either positively or negatively, on the relationship between perceived discrimination and internalization symptoms.

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