



HHS Public Access

Author manuscript

J Adolesc Health. Author manuscript; available in PMC 2017 March 01.

Published in final edited form as:

J Adolesc Health. 2016 March ; 58(3): 337–344. doi:10.1016/j.jadohealth.2015.11.013.

Bullying Victimization among School-Aged Immigrant Youth in the United States

Brandy R. Maynard¹, Michael G. Vaughn¹, Christopher P. Salas-Wright², and Sharon R. Vaughn³

¹ School of Social Work, College for Public Health and Social Justice, Saint Louis University, St. Louis, MO, United States

² School of Social Work, The University of Texas at Austin, Austin, TX, United States

³ Meadows Center for Preventing Educational Risk, College of Education, University of Texas at Austin, Austin, TX, United States

Abstract

Purpose—Bullying is a serious socio-developmental issue associated with a range of short and long term problems among youth who are bullied. While race and ethnicity have been studied, less attention has been paid to examining prevalence and correlates of bullying victimization among immigrant youth.

Methods—Using data from the Health Behavior in School-Aged Children (N = 12,098), we examined prevalence and correlates of bullying victimization among U.S. immigrant youth.

Results—After controlling for several demographic variables, findings indicate that immigrant youth are more likely to experience bullying victimization than native-born youth. Further, immigrant youth who experience bullying victimization were more likely to report interpersonal, socio-emotional, health and substance use problems.

Conclusions—Given the greater risk and unique challenges experienced by immigrant youth, prevention and intervention programs may need to be tailored to their specific needs and circumstances. Further research is needed to understand the specific factors and mechanisms involved in bullying victimization among immigrant youth.

Keywords

Bullying; victimization; immigrant; youth; adolescents; substance use

Corresponding Author, Brandy R. Maynard, PhD, Tegeler Hall, 3550 Lindell Boulevard, St. Louis, MO 63103, Phone: 269-876-8903, brmayn@yahoo.com.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Implications and Contributions

Immigrant youth are more likely to experience bullying victimization than native-born youth, and bullied immigrant youth report more health, intra- and interpersonal, and substance use problems than immigrant youth who were not bullied. Findings highlight the need for greater awareness and culturally appropriate bullying prevention and intervention efforts with immigrant youth.

Declaration of Interest: The authors declare that there are no conflicts of interest associated with this manuscript.

Introduction

Bullying has been widely studied across the world and is recognized as a serious societal issue associated with a range of short and long term academic, health, mental health, interpersonal, behavioral and psychosocial problems among youth who are victims of bullying [1-4]. Bullying is a form of proactive or reactive aggressive behavior inflicted by one or more individuals with intent to cause harm or discomfort to another individual. Bullying can take overt or covert forms of physical, verbal, relational or cyber aggression and is generally differentiated from other types of peer-to-peer aggression based on the intentionality and repetitiveness of the behavior and the imbalance of power between the perpetrator and the victim [5-6]. Unfortunately, being a victim of bullying is not uncommon—approximately 15%-30% of youth experience bullying victimization; however, estimates vary by type of bullying victimization, geographic location and ways in which bullying is defined and measured [7-9]

Given the prevalence and problems associated with bullying victimization, significant attention has been given to understanding risk factors. Prior research has identified a number of factors, such as individual factors (i.e., gender, race/ethnicity, health), relational factors, (i.e., peer and family relationships), and contextual factors (i.e., socioeconomic status, school-related factors) associated with bullying victimization (4, 6, 10-11); however findings regarding the significance of these factors remain largely equivocal [12-16]. Evidence suggests the likelihood and type of bullying victimization varies by gender; females are more likely to experience verbal and relational forms of bullying victimization while males are more likely to experience physical aggression [11]. A growing body of research has also examined differences in prevalence of bullying victimization by race and ethnicity. Studies suggest differences in prevalence of victimization experienced by ethnic majority youth compared to minority youth. Findings from a meta-analysis combining 105 studies examining prevalence of bullying victimization among ethnic majority and minority youth, however, indicate that ethnicity alone, when measured as a demographic variable, was not strongly associated with victimization [17].

While evidence suggests that race or ethnicity as demographic factors alone may not be significant risk factors for bullying victimization, recent research has begun to move towards more nuanced examination of the relationship between race/ethnicity and bullying victimization. Some evidence points to more complex relationships and factors that mediate the effects of race/ethnicity on bullying victimization such as school context and the racial makeup of the classroom [18]. Other research has identified differences in the content/focus of the bullying when the victim is of a different ethnic or racial background, where the bullying is directed at skin color and other physical traits, language, food, clothing and other racial or ethnic characteristics [19-20]. Despite a growing amount of research examining racial and ethnic factors, there is sparse research examining the experiences of bullying victimization among immigrant youth, a growing population in the U.S.

Research and theory suggest that immigrant youth are often marginalized and experience discrimination, ridicule and rejection by native-born peers and may be at higher risk for

bullying victimization due to both direct and indirect factors [7, 21]. From evolutionary and social psychological theoretical perspectives, intergroup conflict is shaped by our tendency to categorize objects and people automatically, and the tendency to favor members of one's own group (in-group) over another group (out-group) [22]. Preferring one's own group is thought to be an adaptive advantage to ensure survival and reproductive benefits. This in-group tribalism suggests that immigrant youth from a different culture, who may look and behave differently from the in-group, may evoke a strong negative reaction [22] that may then place immigrant youth at greater risk for bullying victimization than their native-born counterparts. Even among youth within the same ethnic group, immigration status has been found to be a factor in bullying [23].

In addition to being perceived as an out-group, immigrant youth have the added challenge of adapting to a new culture. The acculturation process—adjusting to a different culture, which often requires changes in attitudes, behaviors, and norms—can be stressful and may result in intra- and interpersonal conflicts and greater social isolation which can affect peer interactions [7, 24]. Acculturation stress, therefore, could negatively impact well-being, interpersonal skills and social supports, thus potentially contributing to bullying victimization [25]. Indeed, Messinger and colleagues found that a higher level of acculturation stress among immigrant youth was associated with higher odds of perpetration and victimization [25].

Despite theoretical and some empirical support, prior research examining immigration status and bullying victimization is unresolved. Studies in Nordic countries and Spain found that immigrant youth are more likely to be bullied than native-born youth [21, 25-26], while others have found no association between immigration status and bullying victimization in Canada [27] or Norway [28]. Moreover, little research has specifically focused on immigrant youth in the U.S., as much of the research is from other countries with different social and political contexts. Findings from a study using a U.S. sample indicate that a greater proportion of immigrant youth were more likely to report being victimized than their non-immigrant peers, and to be victimized due to race, religion and family income [29]. However, one of the major shortcomings of this investigation was that it was purely descriptive (i.e., bivariate cross tabulations) and statistical analyses did not control for the effects of potentially important confounds such as age, gender, race/ethnicity, grade level and family affluence. Moreover, their study did not examine the influence of health-related factors, substance use, and intrapersonal factors. These factors are important to include as they have been found to be associated with bullying victimization [e.g., 4].

The Present Study

The present study employs data from the Health Behavior in School-Aged Children (HBSC) [30], a nationally representative school-based study of youth in the U.S., to examine differences between immigrant and native-born youth with respect to bullying victimization. We also assess the effects of several domains of factors including health, relational, intrapersonal, and substance use on bullying victimization. Given their often out-group status, we hypothesize that immigrant youth will be more likely than U.S.-born youth to report bullying victimization even after controlling for confounds such as age, gender, race/

ethnicity, grade level and family affluence. We further hypothesize that immigrant youth who experience bullying victimization would be more likely to report lower levels of well-being or satisfaction across measures related to health, intra- and interpersonal factors and higher levels of substance use than immigrants who were not victimized.

Method

Study findings are based on secondary data from the HBSC. The HBSC, which is conducted worldwide in collaboration with the World Health Organization, is a study examining health-related and lifestyle issues among school-enrolled children in 5th-10th grades. It used multistage area probability sampling methods to select a representative sample of school-aged children in the U.S. In the first stage of sampling, the Primary Sampling Units (PSUs) were comprised of one or more school districts stratified within U.S. Census Divisions (N = 94). Schools (N = 314) and classrooms (exact number not available in public use data file or codebook) were then selected as the second and third sampling stages. Multiple versions of the self-report questionnaire were designed to be developmentally appropriate for 5th-6th, 7th-9th, and 10th grade students. Surveys were administered in classroom settings and took participants approximately 45 minutes to complete. A more detailed description of the HBSC study design and history is available elsewhere [30]. The current study was limited to children in 5th through 10th grade ($n = 12,642$) who completed the HBSC in 2009-2010 in the U.S. This study was conducted using secondary data and did not involve the use of individually identifiable private information, thus IRB review was not required.

Measures

Sociodemographic factors—The following demographic variables were used: age (age 10 or younger to 17 or older), gender (female, male), race/ethnicity (i.e., non-Hispanic white, non-Hispanic Black, Hispanic, Asian/Pacific Islander, American Indian/Alaska native, and other), and grade in school (grades 5-10). We also used the widely-used family affluence scale [31], which ranges from 0 (low) to 9 (high) and is based on items measuring family ownership of a computer or car, frequency of family vacations, characteristics of the family home, and youth perceptions of family affluence.

Immigrant status—Immigrant status (0 = U.S.-born, 1 = foreign-born) was determined on the basis of the following question: “Were you born in the United States?” This classification approach is commonly used in epidemiological studies of the association between immigrant status and behavioral health outcomes [e.g., 24, 32].

Bullying victimization—Bullying victimization was measured using nine items examining various manifestations of bullying “over the past couple of months” (See Table 2 for the full phrasing of the items used) [33]. Youth were provided with a definition of bullying that distinguishes between bullying versus fighting/arguing between students of equal strength or power or “friendly teasing”. For each of the nine items, youth reporting having experienced such behaviors 2-3 times or more per month were coded as 1 and all other youth (i.e., “I have not been bullied in this way in the past couple of months” or “only

once or twice”) coded as 0. We also computed a variable in which youth experiencing any form of recurrent bullying victimization were coded as 1 and all other youth coded as 0.

Health-related factors—Three health-related factors were examined. For *self-rated health*, participants were asked: “Would you say your health is...” with response options including (1) “excellent”, (2) “good”, (3) “fair”, and (4) “poor”. *Exercise frequency* was measured using the following item: “How often do you usually exercise in your free time so much that you get out of breath or sweat?” with response options ranging from (1) “every day” to (7) “never”. We also examined if youth were *overweight* (0 = no, 1 = yes) on the basis of a HBSC variable that categorizes youth into the 85th percentile or higher for age and gender-adjusted body mass index.

Relational factors—Three variables were used to examine friend and family relational factors. Youth were asked about the *number of close friends* with response options ranging from (0) none to (3) three or more for friends of each gender. The number of male and female close friends was summed to total the number of close friends. *Satisfaction with family relationships* was measured by the following question: “In general, how satisfied are you with the relationships in your family?” with response options ranging from (1) “We have very good relationships in our family” to (10) “We have very bad relationships in our family”. *Experience of loneliness* was based on the following question: “Thinking about last week, have you felt lonely?” with response options ranging from (1) “never” to (5) “always”.

Intrapersonal factors—Three variables related to interpersonal factors were examined. *Adolescent body image* was measured on the basis of three items measuring negative self-perceptions (e.g., “I am frustrated with my physical appearance”) from the body image subscale of the Body Investment Scale [34] with response options ranging from (1) “strongly disagree” to (5) “strongly agree”. Items were combined into a scale (range = 3-15) that was found to have acceptable psychometric properties (Cronbach's alpha = 0.81). *Somatic symptomatology* was measured on the basis of eight items examining the frequency of somatic issues (e.g., stomachache, feeling dizzy) over the past six months with response options ranging from (1) “rarely or never” to (5) “about every day”. Items were combined into a scale (range = 8-40) that was found to have acceptable psychometric properties (Cronbach's alpha = 0.81). Life satisfaction was determined on the basis of an item in which youth were asked to describe whether their life was the (1) “best possible for you” or the (10) “worst possible for you”, or somewhere in between.

School-related factors—We examined three constructs related to school involvement. *Perceived academic performance* was measured by asking students, “What does your class teacher(s) think about your school performance compared to your classmates?” Response options ranged from (1) “very good” to (4) “below average”. Youth's *feelings about school* were examined by asking students, “How do you feel about school at present?” with response options ranging from (1) “I like it a lot” to (4) “I don't like it at all”. *Student interactions* (Cronbach's alpha = 0.72) were examined by asking youth the degree to which they agreed that students in their classes enjoy being together, are kind and helpful, and are

accepting of them. For all three items, responses ranged from (1) “strongly agree” to (5) “strongly disagree”.

Substance use—Three measures of past-30 day substance use were examined, including tobacco, alcohol, and marijuana use. All items were dichotomized so that youth reporting any use were coded as 1 and all other youth coded as 0.

Statistical Analyses

Statistical analyses were conducted in several steps. First, logistic regression analyses were systematically executed to compare U.S.- and foreign-born respondents on the basis of sociodemographic characteristics and bullying victimization. Additionally, we examined the association between immigrant status and bullying victimization among male and female subsamples. Finally, we examined the correlates of recurrent bullying victimization among the subsample of immigrant school-aged youth ($n = 1,068$). Analyses were conducted while controlling for sociodemographic factors, including age, gender, race/ethnicity, grade level, and family affluence. Weighted prevalence estimates and standard errors were computed using Stata 13.1 SE software [35]. This system implements a Taylor series linearization to adjust standard errors of estimates for complex survey sampling design effects including those found in clustered data. Odds ratios (ORs) and 95% confidence intervals (CIs) are presented to reflect association strength. ORs were considered statistically significant if associated confidence intervals did not include cross 1.0.

Results

Sociodemographic Characteristics

As shown in Table 1, compared to U.S.-born youth, immigrant youth were more likely to identify as non-Hispanic Black, Hispanic, Asian/Pacific Islander, or “other” race/ethnicity. Controlling for other sociodemographic factors, immigrant youth were significantly more likely to be at a lower grade level and to report lower levels of family affluence. No significant differences were identified with respect to gender.

Are Immigrant Youth more Likely to Experience Bullying Victimization?

As shown in Table 2—controlling for age, gender, race/ethnicity, grade level, and family affluence—immigrant youth were significantly more likely than their U.S.-born counterparts to experience one or more forms of bullying. A more specified analysis revealed that the immigrant-victimization link held for nearly all forms of bullying victimization (with the exception of being “Left out of things on purpose, excluded from groups of friends, or completely ignored”), with substantially more immigrant youth being bullied with technology than their U.S.-born peers. We conducted supplementary analyses to examine the link between immigrant status and victimization across race/ethnicity while controlling for sociodemographic factors. Non-Hispanic white (OR = 1.96, 95% CI = 1.19-3.4) and non-Hispanic Black (OR = 2.39, 95% CI = 1.42-4.03) immigrant youth were significantly more likely than U.S.-born youth of corresponding race/ethnicity to report having experienced one or more forms of bullying in the previous month. No significant differences were observed between immigrant and U.S.-born Hispanic or Asian youth.

Does the Immigrant-Victimization Link Vary by Gender?

Table 3 shows the association between immigrant status and bullying victimization among male and female school-aged youth with U.S.-born youth specified as the reference group. Controlling for the same list of sociodemographic factors, significant differences were identified in contrasting male—but not female—immigrants with their U.S.-born counterparts. Among males, particularly large adjusted odds ratios were identified with respect to social exclusion, sexually-related bullying, bullying related to religious or racial identity, and cyber forms of bullying.

What are the Correlates of Bullying Victimization among Immigrant Youth?

Table 4 shows the correlates of bullying victimization among the subsample of immigrant youth. With respect to health-related factors, immigrant youth who experienced bullying victimization reported significantly poorer health and were at greater risk of being overweight as compared to immigrants reporting no victimization. Immigrant youth reporting victimization also reported significantly fewer close friends, greater dissatisfaction with family relationships and more frequent experiences of loneliness. Significant differences were also found for intrapersonal factors; immigrants reporting victimization reported greater levels of negative body image, somatic symptomatology, and dissatisfaction with life. We identified no significant differences for school performance or overall feelings about school; however, we found that immigrants reporting victimization were more likely to report negative perceptions of student interactions. Compared to their non-victimized counterparts, immigrant youth experiencing bullying victimization were significantly more likely to report past 30-day tobacco, alcohol, and marijuana use.

Discussion

Immigrant youth face a number of challenges as part of the immigration and assimilation process that may place them in a more susceptible position to bullying victimization. We sought to examine whether immigrant youth were more likely than native-born youth to experience bullying victimization, whether there are differences in bullying victimization by gender, and examine the correlates of bullying victimization among immigrant youth. This study uniquely contributes robust evidence that controls for potentially confounding factors to help us better understand experiences of bullying victimization by immigrant youth in the U.S.

Present study findings support our first hypothesis—immigrant youth are significantly more likely to experience one or more forms of bullying than their U.S. born counterparts, even after controlling for a number of demographic variables. These findings are similar to other studies examining immigrant youth and bullying victimization in other countries [21, 26] and in the U.S. [29]. Notably, immigrant youth were more likely to experience bullying related to religious or racial factors. Bullying based on racial/ethnic differences is particularly noteworthy given recent research on the links between discrimination and acculturation with mental health and maladjustment among minority populations [7, 36-37].

Not all prior research has found that immigrant youth are more likely to be bullied than native-born youth. Differences in findings could be attributed to measurement or analytic differences between studies. For example, Bjereld and colleagues [26], using a parent-report measure to assess bullying victimization in Finland, found that immigrant youth were not more likely to experience bullying victimization, yet Strohmeier and colleagues [21] using self- and peer-report measures with youth in Finland, found that immigrant youth were more likely to experience bullying victimization. Also, variation in findings could be contextually and culturally dependent; cultural differences in countries where studies took place, in terms of their acceptance and treatment of immigrants and the culture of immigrants coming to those countries, could explain differences in findings. Certain immigrant groups may be more at risk in certain host countries as a function of the extent of similarities and differences in culture, language, physical characteristics, attitudes and behavior [38]. At this point, research examining immigration and bullying is relatively nascent and has not fully tested nuances related to differences and similarities between immigrant groups and host countries. Additional research could extend the current study by examining whether characteristics related to differences between the host country and source country are related to bullying victimization.

In terms of factors related to well-being, we hypothesized that immigrant youth who reported bullying victimization would be more likely to indicate lower levels of well-being across measures related to health and intra- and interpersonal factors, and higher levels of substance use than immigrants who were not victimized. With the exception of three indicators, immigrants who experienced bullying victimization fared worse than their non-bullied immigrant counterparts. These findings are largely consistent with extant research on correlates of bullying victimization among other samples of youth [e.g., 2-4, 6, 10].

In addition to being at increased risk of bullying victimization due to their immigrant status, having health, intra- and interpersonal problems may potentially increase an immigrant youth's likelihood of being targeted. Alternatively, being a victim of bullying may lead to the development of health and other problems [6, 39]. On the other hand, higher levels of well-being in these domains may mitigate risk of bullying victimization. Research examining causal mechanisms—whether poorer adjustment identified in the present study is a cause or an effect of bullying—is sparse. Examining the causal and protective relationships between indicators of well-being and bullying victimization is an important next step, as these relationships are not yet well understood, particularly for immigrant youth. Understanding the causal relationship between bullying victimization and behavioral correlates could enhance prevention and intervention efforts.

Overall, our findings indicate that immigrants are at heightened risk for bullying victimization; however, the mechanisms are not clear. Moreover, other factors that may be involved in mediating that risk, such as sociocultural, familial and additional contextual factors, have not yet been fully studied. Future research could extend the current study by examining additional factors that could predict or mediate risk of victimization.

Limitations

We note several limitations to the present investigation. First, due to the cross-sectional nature of the data, our findings are correlational and any causal determinations based on this data are untenable. Second, the data relies on study participant self-reports, which could result in over or under-reporting of behavior. However, we are unaware of any systemic reporting bias that would compromise the thrust of our results. Third, our study lacks important situational and background variables that would be helpful in providing a fuller examination of the correlates of bullying victimization among immigrant youth. For instance, it would be useful to know about the relative proportion of immigrants at the study participant's school. It may be, for example, that bullying dynamics change as the number of immigrants in a given school increases.

Conclusion

The number of immigrants in the U.S. has significantly increased over the past several decades. In 2013, approximately 41.3 million immigrants resided in the U.S., a 100% increase since 1990. Not only has the number of immigrants doubled in the last 30 years, the source countries from which immigrants migrate to the U.S. have changed. In the 1960s, most immigrants originated from Europe; however, a greater proportion of immigrants are now from non-European countries [40]. Given the increase in immigrants to the U.S. and the greater likelihood of immigrant youth experiencing bullying victimization, it is important that school and health professionals are aware of and mitigate potential risks of bullying victimization among immigrant youth. While awareness of and interventions for bullying are becoming more common, immigrant youth may be overlooked, and current interventions may not be appropriate or effective with immigrant populations. Additional research in this area is also needed, as there is yet little research addressing bullying victimization with immigrant youth specifically.

Acknowledgments

This research was supported in part by grants from the National Institute on Drug Abuse at the National Institutes of Health (R25 DA030310).

References

1. Nakamoto J, Schwartz D. Is peer victimization associated with academic achievement? A Meta-analytic review. *Soc Dev.* 2010; 19:221–242.
2. Reijntjes A, Kamphuis JH, Prinzie P, et al. Prospective linkages between peer victimization and externalizing problems in children: A meta-analysis. *Aggress Behav.* 2011; 37:215–222. [PubMed: 21433031]
3. Reijntjes A, Kamphuis JH, Prinzie P, Telch MJ. Peer victimization and internalizing problems in children: A meta-analysis of longitudinal studies. *Child Abuse Negl.* 2010; 34:244–252. [PubMed: 20304490]
4. Vaughn MG, Fu Q, Bender K, et al. Psychiatric correlates of bullying in the United States: Findings from a national sample. *Psychiatr Q.* 2010; 81:183–195. [PubMed: 20177967]
5. Olweus D. School bullying: Development and some important challenges. *Annu Rev Clin Psychol.* 2013; 9:751–780.10.1146/annurev-clinpsy-050212-185516 [PubMed: 23297789]
6. Hong JS, Espelage DL. A review of research on bullying and peer victimization in school: An ecological system analysis. *Aggress Violent Beh.* 2012; 17:311–322.

7. Peguero AA, Jiang X. Social Control across immigrant generations: Adolescent violence at school and examining the immigrant paradox. *J Crim Justice*. 2014; 42:276–287.
8. Robers, S.; Zhang, J.; Truman, J. Indicators of school crime and safety: 2010 (NCES 2011-002/NCJ 230812). National Center for Education Statistics, U.S. Department of Education, and Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice; Washington, DC: 2009.
9. Modecki KL, Minchin J, Harbaugh AG, et al. Bullying prevalence across contexts: a meta-analysis measuring cyber and traditional bullying. *J Adolesc Health*. 2014; 55:602–611. [PubMed: 25168105]
10. Cook CR, Williams KR, Guerra NG, Kim TE, Sadek S. Predictors of bullying and victimization in childhood and adolescence: A meta-analytic investigation. *School Psychol Quart*. 2010; 25:65–83.10.1037/a0020149
11. Peguero AA. Schools, bullying, and inequality: Intersecting factors and complexities with the stratification of youth victimization at school. *Soc Compass*. 2012; 6/5:402–412.10.1111/j.1751-9020.2012.00459.x
12. Barboza GE, Schiamberg LB, Oehmke J, et al. Individual characteristics and the multiple contexts of adolescent bullying: An ecological perspective. *J Youth Adolesc*. 2009; 38:101–121. [PubMed: 19636795]
13. Card NA, Stucky BD, Sawalani GM, et al. Direct and indirect aggression during childhood and adolescence: A meta-analytic review of gender differences, intercorrelations, and relations to maladjustment. *Child Dev*. 2008; 79:1185–1229. [PubMed: 18826521]
14. Hanish LD, Guerra NG. The roles of ethnicity and school context in predicting children's victimization by peers. *Am J of Community Psychol*. 2000; 28:201–223. [PubMed: 10836091]
15. Nansel TR, Overpeck M, Pilla RS, et al. Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *JAMA*. 2001; 285:2094–2100. [PubMed: 11311098]
16. Seals D, Young J. Bullying and victimization: Prevalence and relationship to gender, grade level, ethnicity, self-esteem, and depression. *Adolescence*. 2003; 38:735–47. [PubMed: 15053498]
17. Vitoroulis I, Vaillancourt T. Meta-analytic results of ethnic group differences in peer victimization. *Aggress Behav*. 2015; 41:149–170.
18. Vervoort MH, Scholte RH, Overbeek G. Bullying and victimization among adolescents: The role of ethnicity and ethnic composition of school class. *J Youth Adolesc*. 2010; 39:1–11. [PubMed: 20091212]
19. Eslea M, Mukhtar K. Bullying and racism among Asian schoolchildren in Britain. *Educ Res*. 2000; 42:207–217.
20. Peskin MF, Tortolero SR, Markham CM. Bullying and victimization among black and Hispanic. *Adolescence*. 2006; 41:467–484. [PubMed: 17225662]
21. Strohmeier D, Kärnä A, Salmivalli C. Intrapersonal and interpersonal risk factors for peer victimization in immigrant youth in Finland. *Dev Psychol*. 2011; 47:248–258. [PubMed: 21058827]
22. McDonald MM, Navarrete CD, Van Vugt M. Evolution and the psychology of intergroup conflict: the male warrior hypothesis. *Philos Trans R Soc Lond B Biol Sci*. 2012; 367:670–679. [PubMed: 22271783]
23. Mendez JJ, Bauman S, Guillory RM. Bullying of Mexican immigrant students by Mexican American students: An examination of intracultural bullying. *Hisp J Behav Sci*. 2012; 34:279–304.10.1177/0739986311435970
24. Vaughn MG, Salas-Wright CP, Maynard BR, et al. Criminal epidemiology and the immigrant paradox: Intergenerational discontinuity in violence and antisocial behavior among immigrants. *J Crim Justice*. 2014; 42:483–490.
25. Messenger AM, Nieri TA, Villar P, Luengo MA. Acculturation stress and bullying among immigrant youths in Spain. *J Sch Violence*. 2012; 11:306–322.
26. Bjereld Y, Daneback K, Petzold M. Differences in prevalence of bullying victimization between native and immigrant children in the Nordic countries: A parent-reported serial cross-sectional study. *Child Care Health Dev*. 2014; 41:593–599.10.1111/cch.12184 [PubMed: 25164621]
27. McKenney KS, Pepler D, Craig W, Connolly J. Peer victimization and psychosocial adjustment: The experiences of Canadian immigrant youth. *Electron J Res Ed Psychol*. 2006; 9:239–264.

28. Fandrem H, Strohmeier D, Roland E. Bullying and victimization among native and immigrant adolescents in Norway the role of proactive and reactive aggressiveness. *J Early Adolesc.* 2009; 29:898–923.
29. Sulkowski ML, Bauman S, Wright S, et al. Peer victimization in youth from immigrant and non-immigrant US families. *Sch Psychol Int.* 2014; 35:649–669.
30. Iannotti, RJ. *Health Behavior in School-Aged Children (HBSC), 2009-2010.* Inter-university Consortium for Political and Social Research; Ann Arbor, MI: 2013.
31. Boyce W, Torsheim T, Currie C, Zambon A. The Family Affluence Scale as a Measure of National Wealth: Validation of an Adolescent Self-reported Measure. *Soc Indic Res.* 2006; 78:473–487.
32. Grant BF, Stinson FS, Hasin DS, et al. Immigration and lifetime prevalence of DSM-IV Psychiatric disorders among Mexican Americans and Non-Hispanic whites in the United States: Results From the National Epidemiologic Survey on Alcohol and Related Conditions. *Arch Gen Psychiatry.* 2014; 61:1226–1233. [PubMed: 15583114]
33. Solberg ME, Olweus DA. Prevalence estimation of school bullying with the Olweus Bully/Victim Questionnaire. *Aggress Behav.* 2003; 29:239–268.
34. Orbach I, Mikulincer M. The Body Investment Scale: Construction and validation of a body experience scale. *Psych Assess.* 1998; 10:415–425.
35. StataCorp. *Stata Statistical Software: Release 13.* StataCorp LP.; College Station, TX: 2013.
36. Clark TT, Salas-Wright CP, Vaughn MG. Everyday discrimination and mood and substance use disorders: A latent profile analysis with African American and Caribbean Black adults. *Addict Behav.* 2015; 40:119–125. [PubMed: 25254321]
37. Salas-Wright CP, Clark TT, Vaughn MG, Córdova D. Profiles of acculturation among Hispanics in the United States: Links with discrimination and substance use. *Soc Psychiatry Psychiatr Epidemiol.* 2015; 50:39–49. [PubMed: 24791924]
38. Scherr, TG.; Larson, J. Bullying dynamics associated with race, ethnicity, and immigration status.. In: Jimerson, SR.; Swearer, SM.; Espelage, DL.; Gutgsell, EW.; Gutgsell, JM., editors. *Handbook of Bullying in Schools: An international perspective.* Routledge; New York, NY: 2010. p. 223-234.
39. Janssen I, Craig WM, Boyce WF, Pickett W. Associations between overweight and obesity with bullying behaviors in school-aged children. *Pediatrics.* 2004; 113:1187–1194. [PubMed: 15121928]
40. Zong, J.; Batalova, J. Frequently requested statistics on immigrants and immigration in the US.. Migration Information Source: The Online Journal of the Migration Policy Institute. 2015. Retrieved from <http://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states#Current%20and%20Historical>

Table 1
Sociodemographic characteristics of immigrant school-aged youth in the United States

	Born outside of the United States		Unadjusted		Adjusted	
	No (<i>n</i> = 11,030; 92.35%)	Yes (<i>n</i> = 1,068; 7.65%)	OR	(95% CI)	AOR	(95% CI)
Sociodemographic Characteristics	M (SD)	% (95% CI)	M (SD)	% (95% CI)		
<i>Age</i>	12.95 (1.74)		13.16 (1.81)		1.09	(1.01-1.17)
<i>Gender</i>						
Female		48.52 (47.05-49.99)		45.34 (41.36-49.37)	1.00	1.00
Male		51.48 (50.01-52.95)		54.66 (50.63-58.64)	1.14	(0.96-1.35)
<i>Race/Ethnicity</i>						
Non-Hispanic White		59.45 (53.46-65.17)		22.91 (18.46-28.05)	1.00	1.00
African American		15.51 (12.22-19.49)		15.01 (10.94-20.24)	2.51	(1.79-3.53)
Hispanic		11.83 (8.70-15.89)		37.36 (29.11-46.42)	8.19	(6.04-11.12)
Asian/Pacific Islander		4.11 (2.54-6.58)		17.95 (12.48-25.13)	11.34	(7.70-16.70)
American Indian/Alaska Native		1.77 (1.35-2.31)		0.74 (0.35-1.56)	1.08	(0.51-2.29)
Other		7.34 (6.25-8.60)		6.04 (3.43-10.43)	2.14	(1.29-3.57)
<i>Grade in School</i>	7.55 (1.62)		7.64 (1.61)		1.06	(0.98-1.14)
<i>Family Affluence</i>	5.99 (1.94)		5.39 (2.05)		0.86	(0.82-0.90)

Note: Adjusted odds ratios (AOR) adjusted for age, gender, race/ethnicity, grade level, and family affluence. Odds ratios (OR) and 95% confidence intervals (95% CI) in bold are statistically significant.

Table 2

Victimization among first-generation immigrant school-aged youth in the United States

	Born outside of the United States						Adjusted		
	No (n = 11,030; 92.35%)			Yes (n = 1,068; 7.65%)					
	%	95% CI	%	95% CI	OR	95% CI		AOR	95% CI
Experienced Recurrent Victimization (2-3 times monthly or more)									
Any (1+) form of bullying									
No	76.52	(75.16-77.83)	71.17	(66.15-75.71)	1.00		1.00		
Yes	23.48	(22.17-24.84)	28.83	(24.29-33.85)	1.32		1.37		(1.04-1.79)
Called mean names, was made fun of, or teased in a hurtful way									
No	87.86	(86.95-88.71)	84.14	(80.95-86.89)	1.00		1.00		
Yes	12.14	(11.29-13.05)	15.86	(13.11-19.05)	1.36		1.42		(1.06-1.92)
Left out of things on purpose, excluded from groups of friends / completely ignored									
No	89.98	(89.05-90.84)	86.94	(83.42-89.81)	1.00		1.00		
Yes	10.02	(9.16-10.95)	13.06	(10.19-16.58)	1.35		1.43		(0.98-2.07)
Students told lies or spread false rumors about me and tried to make others dislike me									
No	88.45	(87.29-89.52)	83.99	(80.65-86.85)	1.00		1.00		
Yes	11.15	(10.48-12.71)	16.01	(13.15-19.35)	1.46		1.44		(1.07-1.94)
Hit, kicked, pushed, shoved around, or locked indoors									
No	93.95	(93.20-94.63)	90.56	(87.83-92.73)	1.00		1.00		
Yes	6.05	(5.37-6.80)	9.44	(7.27-12.17)	1.62		1.56		(1.09-2.23)
Students made sexual jokes, comments or gestures to me									
No	89.86	(89.02-90.64)	85.69	(82.37-88.47)	1.00		1.00		
Yes	10.14	(9.36-10.98)	14.31	(11.53-17.63)	1.48		1.55		(1.17-2.07)
Bullied with mean names and comments about my religion									
No	96.23	(95.50-96.85)	91.26	(88.62-93.34)	1.00		1.00		
Yes	3.77	(3.15-4.50)	8.74	(6.66-11.38)	2.45		1.77		(1.12-2.79)
Bullied with mean names and comments about my race or color									
No	94.11	(93.20-94.90)	86.24	(82.64-89.19)	1.00		1.00		
Yes	5.89	(5.10-6.80)	13.76	(10.81-17.36)	2.55		2.14		(1.48-3.10)
Bullied using a computer or e-mail messages or pictures									

	Born outside of the United States				Unadjusted		Adjusted	
	%	95% CI	%	95% CI	OR	(95% CI)	AOR	(95% CI)
Experienced Recurrent Victimization (2-3 times monthly or more)								
No (n = 11,030; 92.35%) Yes (n = 1,068; 7.65%)								
No	95.97	(95.34-96.52)	91.14	(88.94-92.93)	1.00		1.00	
Yes	4.03	(3.48-4.66)	8.86	(7.07-11.06)	2.32	(1.77-3.03)	2.27	(1.62-3.39)
Bullied using a cell phone								
No	96.49	(96.01-96.92)	90.88	(88.43-92.85)	1.00		1.00	
Yes	3.51	(3.08-3.99)	9.12	(7.15-11.57)	2.76	(2.11-3.61)	2.43	(1.77-3.34)

Note: Adjusted odds ratios (AOR) adjusted for age, gender, race/ethnicity, grade level, and family affluence. Odds ratios (OR) and 95% confidence intervals (95% CI) in bold are statistically significant.

Table 3
Victimization among first-generation immigrant school-aged youth in the United States, by gender

	Female (n = 508; 7.18%)		Male (n = 560; 8.08%)	
	AOR	95% CI	AOR	95% CI
Experienced Recurrent Victimization (2-3 times monthly or more)				
Any form of bullying	1.00	(0.75-1.35)	1.73	(1.22-2.45)
Called mean names, was made fun of, or teased in a hurtful way.	0.99	(0.70-1.41)	1.79	(1.18-2.71)
Left out of things on purpose, excluded from groups of friends / completely ignored	0.74	(0.45-1.22)	2.09	(1.34-3.25)
Students told lies or spread false rumors about me and tried to make others dislike me	1.20	(0.86-1.67)	1.65	(1.08-2.50)
Hit, kicked, pushed, shoved around, or locked indoors	1.03	(0.53-2.03)	1.87	(1.17-2.99)
Students made sexual jokes, comments or gestures to me	1.05	(0.69-1.59)	2.01	(1.37-2.95)
Bullied with mean names and comments about my religion	1.13	(0.55-2.32)	2.17	(1.26-3.73)
Bullied with mean names and comments about my race or color	1.66	(0.92-3.02)	2.45	(1.64-3.65)
Bullied using a computer or e-mail messages or pictures	1.51	(0.85-2.68)	2.80	(1.75-4.50)
Bullied using a cell phone	1.63	(0.94-2.83)	2.87	(1.86-4.43)

Note: Adjusted odds ratios (AOR) adjusted for age, gender, race/ethnicity, grade level, and family affluence. Odds ratios (OR) and 95% confidence intervals (95% CI) in bold are statistically significant. Reference group: US-born youth (Male: n = 5625, Female = 5402).

Table 4
Correlates of bullying victimization among immigrant school-aged youth in the United States

	Experienced Recurrent Victimization (2-3 times monthly or more)				Unadjusted		Adjusted	
	M (SD)	% (95% CI)	M (SD)	% (95% CI)	OR	95% CI	AOR	95% CI
	No (n = 694, 71.17%)		Yes (n = 271, 28.83%)					
Health-Related Factors								
<i>Self-Rated Health</i> (1 = Excellent, 4 = Poor)	1.95 (0.74)		2.20 (0.84)		1.55	(1.21-1.98)	1.64	(1.21-2.22)
<i>Exercise Frequency</i> (1 = Everyday, 7 = Never)	3.02 (1.67)		3.05 (1.93)		1.05	(0.93-1.19)	1.07	(0.93-1.23)
<i>Overweight</i> (1 = 85 th Percentile or Higher BMI)		23.07 (19.35-27.26)		36.21 (28.54-44.66)	1.89	(1.28-2.80)	1.90	(1.24-2.90)
Relational Factors								
<i>Number of Close Friends</i> (Range = 0-6)	5.08 (1.40)		4.72 (1.70)		0.84	(0.75-0.95)	0.87	(0.76-0.99)
<i>Satisfaction w/ Family Relationships</i> (0 = Very Good, 10 = Very Bad)	2.96 (2.34)		3.83 (2.89)		1.11	(1.04-1.19)	1.12	(1.04-1.20)
<i>Experience Loneliness</i> (1 = Never, 5 = Always)	1.95 (1.23)		2.60 (1.46)		1.47	(1.27-1.71)	1.54	(1.29-1.83)
Intrapersonal Factors								
<i>Body Image</i> (3 = Positive, 15 = Negative)	5.76 (2.64)		7.57 (3.62)		1.19	(1.11-1.28)	1.20	(1.12-1.30)
<i>Somatic Symptomatology</i> (8 = Low [Infrequent], 40 = High [Frequent])	14.45 (6.58)		19.08 (8.29)		1.08	(1.05-1.11)	1.10	(1.06-1.14)
<i>Life Satisfaction</i> (0 = Best Possible, 10 = Worst Possible)	3.40 (1.98)		4.01 (2.43)		1.18	(1.07-1.32)	1.21	(1.07-1.36)
School Factors								
<i>Perceived Academic Performance</i> (1 = Very good, 4 = Below Average)	1.97 (0.84)		2.17 (0.90)		1.28	(1.02-1.61)	1.20	(0.93-1.55)
<i>Feeling About School</i> (1 = Like it a lot, 4 = Don't like it at all)	1.94 (0.85)		2.13 (0.99)		1.17	(0.93-1.46)	1.19	(0.90-1.56)
<i>Student Interactions</i> (3 = Positive, 9 = Negative)	6.50 (2.32)		7.81 (3.17)		1.18	(1.10-1.27)	1.18	(1.09-1.28)
Substance Use (Past 30 Days)								
<i>Tobacco</i> (1 = Use)		7.47 (5.29-10.44)		15.89 (10.28-23.75)	2.34	(1.13-2.93)	2.49	(1.25-4.94)
<i>Alcohol</i> (1 = Use)		24.00 (19.09-29.70)		36.47 (29.27-44.33)	2.05	(1.25-3.34)	2.55	(1.50-4.34)
<i>Marijuana</i> (1 = Use)		10.18 (6.24-16.16)		18.82 (13.34-25.89)	2.05	(1.25-3.34)	1.99	(1.16-3.41)

Note: Adjusted odds ratios (AOR) adjusted for age, gender, race/ethnicity, grade level, and family affluence. Odds ratios (OR) and 95% confidence intervals (95% CI) in bold are statistically significant.