



## Bullying and discrimination experiences among Korean-American adolescents

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### ABSTRACT

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The bullying experiences of Korean-American adolescents ( $N = 295$ ) were explored in relation to discrimination and mental health outcomes. Bullying experiences were assessed by the *Bully Survey* (Swearer, 2005), discrimination by the *Perceived Ethnic and Racial Discrimination Scale* (Way, 1997) and depression by the *Center for Epidemiological Studies – Depression Scale* (CES-D). Those who reported being bullied (31.5%) as well as those who reported both being bullied and bullying others (15.9%) experienced a higher level of depression, which was elevated beyond the clinically significant level of CES-D. The results of a LISREL model suggest that the experiences of bullying among Korean/Asian-American adolescents and their related mental health issues need to be addressed in a comprehensive context of their discrimination experiences, acculturation, family and school environments.

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In recent years, bullying has become recognized as a widespread problem among school-age children, with a significant impact on students' mental health and development. Prevalence of bullying among adolescents ranges from a low of 15–20% to a high of 70% (King, Wold, Tudor-Smith, & Harel, 1994; U.S. Department of Education, 1999). Bullying can take many forms, including physical (hitting, pushing), verbal (taunting, name-calling) and psychological (spreading rumors, exclusion from a peer group), and varies by age group and gender (Cohn & Canter, 2003). Among high school students, Williams and Guerra (2007) found that 72.3% of 11th graders reported engaging in verbal bullying, 37.8% reported engaging in physical bullying, and 9.9% reported Internet bullying. In the younger grades, physical aggression and abuse are more common; among middle and high school students, verbal and psychological bullying are more common (Shellard, 2003). Regarding gender, boys are more likely to use physical aggression, while bullying among girls is more likely to take the form of psychological and verbal aggression and social exclusion (Hoover & Oliver, 1996; Nansel et al., 2001).

Both being bullied and bullying are associated with poorer mental health outcomes. In addition, a group of adolescents have been identified who report both bullying and being bullied, and who also exhibit poorer psychological functioning. A nationwide U.S. study surveying over 15,000 students in grades 6 through 10 found that almost 20% of students reported bullying others at least once a week, and 17% reported being the victim of a bully at least once a week. Almost 30% reported some involvement in both bullying and being bullied (Nansel et al., 2001). All three groups reported poorer psychological functioning compared to students who were not involved in bullying. Victims experienced poorer social and emotional

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adjustment, interpersonal difficulties and more loneliness. Bullies reported externalizing behaviors, such as drinking alcohol, more frequently and poorer school adjustment. Students who were both victims and bullies demonstrated problems associated with both groups, including social/emotional problems and problem behaviors.

Other studies have found that being bullied is associated with depression, anxiety and psychosomatic symptoms (Kaltiala-Heino, Rimpela, Rantanen, & Rimpela, 2000) and emotional distress (Ribby, 1998). Students who bully are more likely to drop out of school and to engage in other antisocial behavior, including criminal activity and drug and alcohol use (Ericson, 2001). Olweus (1993) found that 60% of male bullies in grades 6–9 had at least one criminal conviction by age 24, compared to 23% of males who were not labeled bullies. Students identified as both bullies and victims, however, may be the most impaired group in regards to internalizing behaviors (Pellegrini, 1998; Swearer, Song, Carey, Eagle, & Mickelson, 2001).

Most bully research has involved Caucasian-American samples. The prevalence of bullying and being bullied may be even higher among minority youth, although studies are inconsistent on this point (Peskin, Tortolero, & Markham, 2006; Peskin, Tortolero, Markham, Addy, & Baulmer, 2007). Other stressors may exacerbate minority students' feelings of victimization, including the cultural challenges associated with feeling connected to one's own heritage and living in a new culture (Soriano, Rivera, Williams, Daley, & Reznik, 2004).

Few studies have focused on bullying and mental health outcomes in Asian-Americans. There is a need to expand the research body to include Asian-American adolescents. Asian-American adolescents are often viewed as a "model" minority because overall they engage in fewer problematic behaviors compared to other groups (Au & Donaldson, 2000; Lorenzo, Frost, & Reinherz, 2000). Some studies, however, have revealed higher levels of emotional distress among Asian-American youth compared to other adolescent ethnic groups (Lorenzo et al., 2000). A literature review revealed a prevalence of psychopathology among Asian-American adolescents equal to or higher than that for Caucasian youth (Uba, 1994). Other researchers have found that Asian-American adolescents exhibit higher levels of depression, are more withdrawn and report less satisfaction with social support compared to Caucasian-American students (Greenberger & Chen, 1996; Lorenzo et al., 2000); they also report more feelings of isolation and anxiety (Lorenzo, Pakiz, Reinherz, & Frost, 1995). Furthermore, Asian-American adolescents are less likely to use and seek mental health assistance due to a strong stigma attached to having mental health issues and seeking help from mental health professionals (Bui & Takeuchi, 1992; Sue, Fujino, Hu, Takeuchi, & Zane, 1991).

Regarding bullying experiences, Mouttapa, Valente, Gallaheer, Rohrbach, and Unger (2004) found that within an ethnically diverse adolescent sample, Asian-Americans were the most frequently bullied ethnic group. Interestingly, Asian-American students reported more bullying regardless of whether they attended a school where Asian-Americans were an ethnic majority or minority. Similar results have been found in predominantly Caucasian schools in Europe, with Asian students reporting more racist name-calling (Boulton, 1995; Moran, Smith, Thompson, & Whitney, 1993). These findings suggest that bullying against Asian-American youth is often related to discrimination. In addition to the psychological distress associated with being bullied in general, Asian-American adolescents are therefore at risk of negative outcomes associated with race-related discrimination. Discrimination has been positively correlated with distress (Liang, Grossman, & Deguchi, 2007), depression (Grossman, 2005) and alienation from peers among Asian-American adolescents (Qin, Way, & Mukherjee, 2008).

A large proportion of research examining ethnic differences in various mental health outcomes, including bullying, combines diverse groups under the general rubric of Asian-American (e.g., Barboza et al., 2009; Tharp-Taylor, Haviland, & D'Amico, 2009). It is increasingly becoming recognized that inter-ethnic group differences within Asian-Americans contribute significantly to the unique challenges and experiences of Asian-American youth (Uba, 1994). Our research focuses on the experience of bullying in a Korean-American group. Korean-Americans represent the fifth largest Asian-American group, and are one of the fastest growing immigrant groups in the U.S. (U.S. Census Bureau, 2000). Studies investigating Korean-American adolescents have found a surprisingly high prevalence of depressive symptoms (Hovey, Kim, & Seligman, 2006; Kim & Cain, 2008). Further investigation found that those who maintained strong adherence to Asian cultural values were more susceptible to lower self-esteem, anxiety and depression. The authors suggested that the stress of balancing traditional values with more individualistic Western values creates emotional distress. Cho and Bae (2005), in an attempt to illuminate the relationship between demographic and psychosocial variables in Korean-American youth, found significant relationships between internalizing problems and poor relationships with friends and parents.

A large number of Korean-American adolescents are immigrants or children of immigrants, and recent immigration may be associated with an increased risk for mental health problems (Sue, 1994). They may face added stressors that non-recent immigrant children do not face, including acculturation, racism, language barriers and separation from close family members and social networks (Sue, 1994). All immigrant groups are at risk for these stressors; however, there is some indication that Korean-American adolescents are more susceptible to the associated negative mental health outcomes. Yeh (2003), in an investigation of the relationships between age, cultural adjustment and general mental health symptoms in Chinese, Korean and Japanese immigrant adolescents in the U.S., found that Korean adolescents exhibited significantly more mental health symptoms compared to the other groups. Older adolescents reported higher levels of emotional distress, suggesting that greater exposure to and awareness of discrimination may result in poorer mental health outcomes. Further, a study examining Asian-American students utilizing university counseling center services found that Korean-American students were more likely to end therapy prematurely, and that they scored higher on a Diagnostic Severity Ratings Scale compared to other Asian-American students (Kim, 1998).

To date, there have been no studies reporting on the bullying experiences of Korean-American youth. Prior research has indicated that discrimination plays a significant role in bullying of Asian-American adolescents, and that bullying and discrimination both have strong associations with mental health outcomes. Therefore, the complexities of Korean-American

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