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Bullying Victimization and Mental Health Outcomes of Sikh American Adolescents

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Author
Atwal, Kavita Kaur

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Bullying Victimization and Mental Health Outcomes of Sikh American Adolescents

A Dissertation submitted in partial satisfaction of the requirements for the degree of

Doctor of Philosophy

in

Education

by

Kavita Kaur Atwal

August 2016

Dissertation Committee:
Dr. Cixin Wang, Co-Chairperson
Dr. Cathleen Geraghty, Co-Chairperson
Dr. Gregory Palardy
The Dissertation of Kavita Kaur Atwal is approved:

__________________________________________

__________________________________________
Committee Co-Chairperson

__________________________________________
Committee Co-Chairperson

University of California, Riverside
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ABSTRACT OF THE DISSERTATION

Bullying Victimization and Mental Health Outcomes of Sikh American Adolescents

by

Kavita Kaur Atwal

Doctor of Philosophy, Graduate Program in Education
University of California, Riverside, August 2016
Dr. Cixin Wang, Co-Chairperson
Dr. Cathleen Geraghty, Co-Chairperson

Bullying victimization is a problem that permeates schools today, and the current literature base reveals an association between bullying victimization and negative mental health outcomes. Further, students of minority ethnic backgrounds (e.g., Asian American adolescents) have been shown to be at an increased risk of bullying victimization. This victimization based on ethnic group membership has been coined peer ethnic victimization. One group of students that are more at-risk for peer victimization is Sikh American adolescents, which may result from them being stereotyped as foreigners by others. The purpose of this study was to examine victimization and mental health outcomes in Sikh American adolescents. Structural equation modeling (SEM) was utilized to examine the relationships among wearing a religious head covering, being
perceived as a foreigner, different types of victimization (i.e., physical, verbal, and relational) and mental health outcomes (i.e., self-esteem, depressive symptoms, and anxiety related to perceptions of school safety) for these students. The final model suggested that being perceived as a foreigner mediated the relationship between wearing a religious head covering and all three types of victimization, and that victimization mediated the relationship between being perceived as a foreigner and mental health outcomes. Implications for school psychologists are discussed.
Table of Contents

Introduction ......................................................................................................................1
Negative Consequences Associated with Bullying Victimization ....................................2
Theories on Discrimination of Ethnic Minorities ...............................................................7
Peer Ethnic Victimization ...............................................................................................9
South Asian American Discrimination and Victimization ..............................................17
Limitations of Current Literature ...................................................................................30
Purpose of Current Study ...............................................................................................32

Methods ..........................................................................................................................34
Participants ......................................................................................................................34
Measures .........................................................................................................................37
Procedures ......................................................................................................................42
Analyses .........................................................................................................................43

Results ............................................................................................................................46
Correlational Analyses ....................................................................................................48
Results of Research Questions .......................................................................................50
Additional Analyses .......................................................................................................56

Discussion ......................................................................................................................56
Head Covering and Victimization ....................................................................................57
Relationship among Head Covering, “Being Perceived as a Foreigner,” and Victimization ...............................................................................................................................58
Victimization and Mental Health Symptoms ..................................................................60
Gender Differences .........................................................................................................62
Racial Diversity ..............................................................................................................64
Implications .....................................................................................................................65
Limitations .......................................................................................................................73
Future Directions ............................................................................................................75

References .....................................................................................................................77
List of Tables

Table 1: Participant Information for Data Collection Locations ........................................89
Table 2: Rate of Missing Data for Each Variable .................................................................90
Table 3: Shapiro-Wilk Test Statistic to Assess Normality ....................................................91
Table 4: Pearson’s $r$ Correlations between Continuous Variables of Interest ..................92
Table 5: Point-Biserial Correlations between Continuous and Discontinuous Variables 93
Table 6: Model Comparisons for Final Model ....................................................................94
List of Figures

Figure 1: Theoretical Model to be Tested.................................................................95
Figure 2: Research Question 1..................................................................................96
Figure 3: Research Question 1 Results.....................................................................97
Figure 4: Research Question 2..................................................................................98
Figure 5: Research Question 2 Results.....................................................................99
Figure 6: Final Model Results..................................................................................100
Bullying Victimization and Mental Health Outcomes of Sikh American Adolescents

The Youth Risk Behavior Survey (YRBS) and the School Crime Supplement (SCS), two national surveys assessing the prevalence of bullying in schools, found that 20% to 28% of students report being bullied at school (Eaton et al., 2012; Robers, Kemp, & Truman, 2013). These high prevalence rates of reports of bullying victimization have led to an increased focus on bullying in schools. Although there has been an increased focus on bullying in schools, school staff members in elementary, middle, and high school tend to underestimate the number of students involved in bullying (Bradshaw, Sawyer, & O’Brennan, 2007). Further, defining and assessing bullying continue to be difficult tasks (Espelage & Swearer, 2003). In an effort to provide a uniform definition of bullying, the Centers for Disease Control and Prevention (CDC) has recently defined bullying as “any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated” (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014). Further, it “may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm” (Gladden et al., 2014). There are multiple modes of bullying. These modes of bullying include direct and indirect means. Direct bullying involves the bullying behaviors occurring in the presence of the individual who is the target of the bullying, such as in-person pushing or written communication. On the contrary, indirect bullying involves bullying behaviors that are indirectly communicated to the target of the bullying, such as spreading rumors or cyber bullying. There are also different types of bullying,
which include physical bullying, verbal bullying, relational bullying, and damage to property (Gladden et al., 2014). The CDC provides the following definitions for each of these four types of bullying. Physical bullying is defined as “the use of physical force by the perpetrator against the targeted youth” (Gladden et al., 2014, p. 8-9). Verbal bullying is defined as “oral or written communication by the perpetrator against the targeted youth that causes him or her harm” (Gladden et al., 2014, p. 8-9). Relational bullying is defined as “behaviors by a perpetrator designed to harm the reputation and relationships of the targeted youth” (Gladden et al., 2014, p. 8-9). Damage to property is defined as “theft, alteration or damaging of the target youth’s property by the perpetrator to cause harm” (Gladden et al., 2014, p. 8-9). The complexity and high prevalence of bullying in schools today warrant more research to be conducted on it. Further, the negative consequences associated with bullying victimization should be examined.

**Negative Consequences Associated with Bullying Victimization**

Serious consequences associated with bullying victimization have garnered extensive attention from the media, educators, researchers, practitioners, and lawmakers (Phillips, 2007). This attention has helped to increase the focus on bullying prevention and intervention in schools; however, students continue to suffer from bullying. Among other outcomes, the current literature base suggests that bullying victimization specifically negatively affects depressive symptoms, self-esteem, and anxiety in students. In fact, Hawker and Boulton (2000) conducted a meta-analysis and found that peer victimization was significantly related to depression ($r=0.45$ for studies with shared method variance; $r=0.29$ for studies avoiding shared method variance), self-esteem
Victimization and Depressive Symptoms

Research studies have shown that bullying victimization is related to depressive symptoms. Depressive symptoms are important to consider as depression affects about 5% to 12% of adolescents (Foster et al., 2005; Merikangas et al., 2010), and many children who are suffering from depressive symptoms enter schools each day. Depressive symptoms include unhappiness, sadness, and loss of interest, and may prevent the completion of everyday activities or lead to suicidal thoughts (Reynolds & Kamphaus, 2004). In relationship to bullying, depressive symptoms have been found to be significantly related to bullying victimization (Marsh et al., 2011). Baker & Bugay (2011) examined this relationship between victimization and depressive symptoms in 144 adolescents aged 11 to 15 year olds. Results of hierarchical multiple regression analyses showed that victimization independently contributed to depressive symptoms (Baker & Bugay, 2011). Other studies have examined this relationship between bullying and depressive symptoms in relation to participants’ bullying involvement (e.g., whether the participants are bullies, victims, bully/victims, or uninvolved). For example, Menesini, Modena, & Tani (2009) conducted a study that utilized MANOVA to examine the relationship between bullying and internalizing symptoms, including depression. The sample in this study consisted of 1,278 adolescents from Italy aged 13 to 20 years old.
The relationship between bullying and internalizing symptoms was examined separately for bullies, victims, bully/victims, and uninvolved students. Results indicated that victims and bully/victims reported more depressive symptoms \( (F=11.88, p<0.001) \) than both bullies and noninvolved students (Menesini, Modena, & Tani, 2009). In another study, this relationship between bullying involvement and depressive symptoms was examined in 454 public school students in grades 7 and 8. Results of this study also showed that victims reported higher levels of depressive symptoms than uninvolved students; however, bullies also reported higher levels of depressive symptoms than uninvolved students (Seals & Young, 2003). Gender differences in this relationship between bullying involvement and depressive symptoms have also been examined. Specifically, in a longitudinal study of 2,070 Finnish adolescents aged 15 years old, being a victim of bullying as well as being a bully predicted depressive symptoms in boys specifically, two years later (Kaltiala-Heino, Frojd, Marttunen, 2010). In addition to these studies, another study examined this relationship between victimization and depressive symptoms, but also considered the type of victimization (e.g., physical, relational, verbal) that occurred. Results of this study found that higher levels of depressive symptoms were reported by adolescents who experienced more relational and physical victimization than their classmates (Hoglund & Hosan, 2013).

**Victimization and Low Self-Esteem**

Various studies have also shown that bullying victimization is associated with low self-esteem (Bouman et al., 2012; Hawker & Boulton, 2000). For example, a study that included 1,162 6th, 8th, and 11th grade students as participants found that victimization
was associated with lower self-esteem (Jankauskiene, Kardelis, Sukys, & Kardeliene, 2008). Another study that included 416 sixth and seventh grade students similarly showed that victimization is associated with low self-worth (Graham & Juvonen, 1998). Other studies have examined the relationship between bullying and self-esteem in terms of the role of the participant in the bullying situation. In a study on repeat victims of bullying, the repeat victims were found to report lower self-esteem 13-14 months later, even after controlling for prior levels of self-esteem and other demographic characteristics (Esbensen & Carson, 2003). In another study, pure victims were found to have lower self-esteem than both pure bullies and non-involved children (Pollastri, Cardemil, & O’Donnell, 2010). In terms of types of victimization and their relationship to self-esteem, teasing and name-calling specifically have been found to more negatively affect global self-worth than social exclusion (Verkuyten & Thijs, 2006).

**Victimization and Anxiety Related to Perceptions of School Safety**

Based on a large, nationally-representative sample, the prevalence rate of anxiety disorders in adolescents has been found to be 31.9% (Merikangas et al., 2010). Further, victimization is associated with more anxiety (Graham & Juvonen, 1998; Hawker & Boulton, 2000). Specifically, bully victims report higher rates of anxiety than bullies and non-involved individuals (Menesini et al., 2009). This anxiety may be related to perceptions of school safety, as bullying is related to negative perceptions of school safety. In a study examining the influence of repeated bullying victimization on school related outcomes, it was found that repeat bullying victims perceived school as less safe and reported higher levels of perceived risk of victimization and more fear of
victimization associated with the bullying than intermittent bullying victims.

Additionally, intermittent victims of bullying reported higher levels of perceived risk of victimization and more fear of victimization than non-involved students (Esbensen & Carson, 2003).

Overall, the current literature highlights the link between bullying victimization and negative mental health outcomes. It also demonstrates that bullying victimization may be more common for individuals from certain backgrounds, and that these individuals may be more at-risk for the negative mental health outcomes associated with bullying. To allow for examining this concept further, bullying should be viewed from a social-ecological perspective. This perspective highlights the importance of considering the relationships among the individual, family, peer group, school, community, and culture when studying bullying (Espelage & Swearer, 2003). This is important, because these different factors have the potential to influence whether or not an individual engages in bullying as well as whether or not an individual is a victim of bullying. Many students are victims of bullying, and a review of research on bullying victimization indicates that students of racial/ethnic minorities are at an elevated risk of bullying victimization in schools (Hong & Espelage, 2012). Furthermore, youth from specific religious backgrounds may be bullied more frequently than their peers (Austin, Nakamoto, & Bailey, 2010; Britto, 2011). This form of bullying victimization related to ethnicity has been called peer ethnic victimization (Hoglund & Hosan, 2013).
Theories on Discrimination of Ethnic Minorities

Various theories have been suggested as to why ethnic minorities, such as Sikhs, are discriminated against based on their ethnicity or ethnic group membership. Two such theories are the similarity hypothesis and the perpetual foreigner stereotype (Cheryan & Monin, 2005; Goto, Gee, & Takeuchi, 2002). Both theories posit that ethnic minorities are discriminated against due to their appearance of looking physically different than members of the ethnic majority.

Similarity Hypothesis

The similarity hypothesis has been suggested as one reason why individuals from ethnic minority backgrounds are discriminated against more than individuals from ethnic majority backgrounds. The similarity hypothesis suggests that “individuals ‘like’ others that are perceived to be similar to themselves,” and “predicts that less acculturated individuals may encounter more discrimination” (Goto et al., 2002, p. 213). This hypothesis thus suggests that xenophobic thoughts towards “others” who are perceived to be foreign may lead individuals to view less acculturated individuals as dissimilar from themselves. In turn, these “dissimilar” individuals may encounter more discrimination.

Perpetual Foreigner Stereotype

Similar to the similarity hypothesis, the perpetual foreigner stereotype has been suggested as a reason why individuals from minority backgrounds are discriminated against. The perpetual foreigner stereotype has been defined as the stereotypical belief that ethnic minority members in the United States are foreigners (Tuan, 1998). It posits that members of ethnic minorities will always be seen as the “other.” This phenomenon
was studied by Devos & Banaji (2005) in a series of 6 studies. These studies included African, Asian, and White Americans, and was aimed at studying the extent to which these different ethnic groups are associated with being “American.” Results of these studies indicated that African and Asian Americans are associated less with being “American” than White Americans are. Further, the researchers concluded that being “American” is associated with being White (Devos & Banaji, 2005). This stereotype that portrays Asian Americans as being perpetually foreign has been linked to acts of discrimination against them (Cheryan & Monin, 2005; Liang, Lee, & Kim, 2004). Additionally, awareness of this stereotype in Asian Americans has been linked to negative consequences for them. For example, a study found that awareness of this stereotype significantly predicts a lower sense of belonging to American culture, as well as lower life satisfaction and hope in Asian American individuals (Huynh, Devos, & Smalarz, 2011). In another study, structural equation modeling was utilized to examine a model that explored the relationships among English proficiency, having an accent, participants’ perception of being stereotyped as a perpetual foreigner, daily discrimination, discriminatory victimization, and depressive symptoms. Data from 444 Chinese American adolescents with a mean age of 13 at the first data collection time point were analyzed. For both boys and girls, results indicated that low English proficiency was related to speaking with an accent which was significantly related to these individuals perceiving that they are stereotyped as foreigners by others. Although these results were the same for boys and girls, the paths differed for boys and girls in terms of being perceived as a foreigner and its relationship to daily discrimination,
discriminatory victimization, and depressive symptoms. For boys, the perpetual foreigner stereotype was related to discriminatory victimization, which in turn predicted depressive symptoms. Differently, for girls, the perpetual foreigner stereotype was related to chronic daily discrimination, which in turn predicted depressive symptoms (Kim, Wang, Deng, Alvarez, & Li, 2011). In the current study, this hypothesis was examined as it relates to Sikh American students. Specifically, whether a head covering predicts Sikh students’ perceptions of being stereotyped as a foreigner which in turn predicts physical, relational, and verbal victimization levels was examined.

Both the perpetual foreigner stereotype and the similarity hypothesis provide possible reasons as to why members of ethnic minorities are subjected to ethnicity-based discrimination. They posit that ethnic minorities are discriminated against due to their physical appearance of looking different from the ethnic majority. A major implication of being discriminated against is the increased possibility of being bullied or victimized as result of the discrimination. This is a severe problem that students of ethnic minorities face in schools today, and has been termed peer ethnic victimization by some researchers (Hoglund & Hosan, 2013).

**Peer Ethnic Victimization**

The word ethnic is defined as “relating to or characteristic of a human group having racial, religious, linguistic, and certain other traits in common” (“Ethnic,” n.d., para. 1), while ethnicity is defined as “identity with or membership in a particular racial, national, or cultural group and observance of that group’s customs, beliefs, and language” (“Ethnicity,” n.d.). As mentioned previously, students of ethnic minority backgrounds are
at an increased risk of bullying victimization. This may be due to being discriminated against based on their ethnicity or ethnic group membership, as youth who report more racial discrimination are at an increased likelihood for victimization (Seaton, Neblett, Cole & Prinstein, 2013). Racial discrimination is defined as the systematic actions of dominant group members that result in differential effects on non-dominant racial/ethnic groups (Williams, Neighbors, & Jackson, 2003), whereas victimization is defined as “physical, verbal or psychological abuse that occurs in or around school when adult supervision is minimal” (Seaton et al., 2013, p. 343). Race or religion related bullying is common among many adolescents in U.S. Using a national representative sample of 15,686 students in grades 6 through 10, Nansel and colleagues (2001) found that 41.1% students reported being bullied at least once or twice during the current term. Among those students who reported bullying, 25.8% of them (or 10.6% of the whole sample) reported that they were “belittled about religion or race” at least once or twice during the current term, and 8.1% (or 3.3% of the whole sample) reported that they were bullied due to religion or race frequently (“once a week” or more). Of the male participants who were bullied (46.7% of the whole sample), 27.7% said they were “belittled about religion or race” at least once or twice during the current term, and 8.8% said they were bullied due to religion or race frequently (at least weekly). Female participants reported lower rated of bullying (36.2% of the whole sample), with 23.7% of females victims reported they were “belittled about religion or race,” and 7.2% of the female victims said they were bullied in that way frequently. The finding that youth who report more racial discrimination are at an increased likelihood for victimization is a serious issue, because
discrimination has been shown to be a significant component of the experiences of ethnic minority children and adolescents, suggesting that many ethnic minority students may be at risk for bullying victimization as a result of their ethnic group membership. This form of victimization related to one’s ethnicity, as stated earlier, has been referred to as peer ethnic victimization (Hoglund & Hosan, 2013).

Hoglund and Hosan (2013) defined peer ethnic victimization as victimization “enacted through relational, physical, or verbal means, but adolescents are specifically targeted because of their ethnicity or race” (p. 586). In a study examining the relationship between peer nominations of victimization and perceived racial discrimination in 712 ninth grade students, a positive association was found between perceived racial discrimination and peer nominations of victimization based on peer nomination and student self-reports (Seaton et al., 2013). This study highlights the relationship between ethnic discrimination and peer victimization.

A limited number of other studies examining ethnic differences in bullying victimization have been conducted, and mixed findings have emerged. Some studies have found ethnic minority youth to be at an increased likelihood of victimization (Goldweber, Waasdorp, & Bradshaw, 2013; Nansel et al., 2001), while others have found that they are not more likely to be victims compared with their peers from Anglo cultures (Sawyer, Bradshaw, & O’Brennan, 2008; Spriggs, Iannotti, Nansel, & Haynie, 2007; Tippett, Wolke, & Platt, 2013; Vervoort, Scholte, & Overbeck, 2010). These mixed findings may be due to which specific ethnic groups were included in the studies. For example, Spriggs and colleagues (2007) did not find that Hispanic and Black students were more likely to
be victims than White students (Spriggs et al., 2007). Additionally, Vervoort, Scholte, & Overbeck (2010) found that ethnic minority group members (i.e., non-western minority students including Turkish, Moroccan, Surinam, Antillean, and Aruban students) were less victimized than ethnic majority group members (i.e., native Dutch students) (Vervoort et al., 2010). Further, Tippett, Wolke, & Platt (2013) found that African American students were less likely to be victimized than White students (Tippett et al., 2013). These studies highlight that victimization levels vary depending on what ethnic minority groups are included in studies. For this reason, and due to the fact that there are many different ethnic groups in American schools, and it is inappropriate to treat all ethnic minority groups as a homogenous group. One group that may be at an increased risk of peer ethnic victimization is Asian American adolescents (Fisher, Wallace, & Fenton, 2000; Greene, Way, & Pahl, 2006; Hoglund & Hosan, 2013; Rosenbloom & Way, 2004).

Victimization of Asian American Adolescents

Of the limited number of studies examining differences among ethnic groups in peer victimization, even fewer studies have examined these differences in regards to Asian American adolescents. Although this is true, in the studies that have investigated these differences, Asian American adolescents have reported higher levels of peer ethnic victimization than adolescents of other ethnic backgrounds (Fisher, Wallace, & Fenton, 2000; Greene, Way, & Pahl, 2006; Hoglund & Hosan, 2013; Rosenbloom & Way, 2004). For example, Hoglund & Hosan (2013) found that Asian adolescents reported significantly higher levels of ethnic victimization ($F = 15.45, p < .01$) than Caucasian
adolescents (Hoglund & Hosan, 2013). This peer victimization may be due to Asian American adolescents reporting being discriminated against in school by their peers (Qin, Way, & Rana, 2008; Rosenbloom & Way, 2004). This discrimination has been reported to be perpetrated by both Asian and non-Asian peers, and happens regardless of whether the victim is foreign born or born in the United States (Rosenbloom & Way, 2004). Further, discrimination against Asian American adolescents has been reported to be both physical and verbal in nature (Qin et al., 2008; Rosenbloom & Way, 2004). In fact, in a study conducted examining differences between Asian and Caucasian students aged 9-15 years old, 50% of the bullied Asian children, in comparison to 0% of the Caucasian children, were verbally bullied because of their ethnic group membership (Moran et al., 1993). This phenomenon of peer ethnic victimization of Asian American adolescents warrants more research, because these discriminatory victimization experiences have been suggested to lead to stress and psychological adjustment difficulties in Asian American youth (Qin et al., 2008).

**Negative Consequences Associated Specifically with Peer Ethnic Victimization**

Although consequences associated with bullying victimization in general were previously discussed in this paper, some other studies have examined the negative outcomes associated with peer ethnic victimization specifically. The findings from these studies will now be discussed. Overall, greater peer ethnic discrimination has been linked to more psychological maladjustment (Benner & Graham, 2013). Specifically, various studies show that students have been found to be at an increased risk for mental health and school adjustment problems as a result of victimization associated with racial and
ethnic minority status (DuBois, Burk-Braxton, Swenson, Tevendale, & Hardesty, 2002). This may be due to students having a higher ethnic identity, because individuals who appear to have higher ethnic identity may endure more frequent racial discrimination which may lead to worse psychological adjustment (Greene et al., 2006). Furthermore, in a study including Latino, African American, and Asian American students, researchers found that greater peer ethnic discrimination was associated with greater psychological maladjustment, specifically in levels of anxiety, depressive symptoms, loneliness, and self-worth (Benner & Graham, 2013).

One study in the Netherlands with minority students of Turkish, Moroccan, and Surinamese ethnic backgrounds has examined the relationship between perceived ethnic discrimination and ethnic self-esteem specifically. Whereas self-esteem is defined as how an individual feels about him or herself in general, ethnic self-esteem is defined as an individual’s feelings about being a member of a specific ethnic or racial group. In this study, researchers were interested in whether or not ethnic self-esteem mediates the relationship between perceived discrimination and global self-worth, and if ethnic group moderates this relationship. Included in the study were 2,682 adolescents aged 10 to 13. Analyses utilizing structural equation modeling demonstrated that ethnic self-esteem is a mediator between perceived ethnic discrimination and global self-worth, suggesting that perceived ethnic discrimination can negatively affect one’s ethnic self-esteem which in turn negatively affects one’s global self-worth. Although this association was found, no group differences based on ethnic background were identified (Verkuyten & Thijs, 2006).
In another study, Hoglund and Hosan (2013) studied the relationships among subtypes of victimization (i.e., ethnic, relational, and physical) and adjustment problems. Specifically, they examined these associations in a study of 335 students in 6th and 7th grade. Findings indicated that individual ethnicity was a moderator between ethnic victimization and adjustment. Specifically, Aboriginal adolescents had increased rates of depression and anxiety related to increased ethnic victimization, a relationship that was not found in non-Aboriginal adolescents (Hoglund & Hosan, 2013). Another study examined the relationships among racial discrimination and mental health outcomes; however, this study looked at depressive symptoms and loneliness. In this study, racial discrimination was assessed with the following items: “other students said you don’t belong in Australia,” “other students didn’t want to play with you because of your culture,” “a teacher thought you couldn’t do something because of your culture,” “you were left out by a student because of your culture,” “you were left out by a teacher because of your culture,” “you were teased or called names by other students because of your culture,” and “you were spat on, pushed or hit by other students because of your culture.” As worded, the items used in the measure of racial discrimination were assessing the victimization of these students. Results indicated that minority students reported more direct racial discrimination and loneliness, and that experiences of direct racial discrimination were associated with higher levels of depressive symptoms and loneliness (Priest, Perry, Ferdinand, Paradies, & Kelaher, 2014). Although these studies have examined the relationship between peer ethnic victimization and the negative
consequences of this victimization, fewer studies examined this relationship in Asian American adolescents specifically.

**Negative consequences of peer ethnic victimization among Asian American adolescents.** There is a paucity of research examining the relationship between peer ethnic victimization and negative mental health outcomes in Asian American adolescents specifically. This is concerning considering that Asian American adolescents report higher levels of peer ethnic victimization than adolescents of other ethnic backgrounds (Greene et al., 2006; Hoglund & Hosan, 2013), and that victimization in general has been found to predict more internalizing symptoms and difficulties with psychosocial adjustment (Grossman & Liang, 2008; Qin et al., 2008). In a study that did examine this relationship between peer ethnic victimization and negative outcomes in Asian American adolescents, Benner and Graham (2013) found that greater peer ethnic discrimination was associated with greater psychological maladjustment in these adolescents. Another study found that victimization also predicted more psychological distress among Asian American adolescents (Huynh, Devos, & Goldberg, 2014). Additionally, discrimination has been shown to significantly predict depressive symptoms in Asian American adolescents (Grossman & Liang, 2008; Juang & Cookston, 2009), and both perceived adult and peer discrimination are associated with depressive symptoms in U.S. born Asian American adolescents (Tummala-Nara & Claudius, 2013). Further, in a study examining the bullying experiences of Korean-American adolescents, participants who reported being bullied and who reported being bully-victims experienced higher levels of depression than other participants (Shin, D’Antonio, Son, Kim, & Park, 2011).
Additionally, discrimination has been shown to predict lower levels of self-esteem in Asian American adolescents than their European American peers (Huynh & Fuligni, 2010). These negative outcomes associated with the victimization of Asian American adolescents, coupled with the notion that ethnic minority members may be more at risk for victimization due to their ethnic minority group membership, highlights the need for more research to be conducted examining the effects of peer ethnic victimization on Asian American adolescents.

**South Asian American Discrimination and Victimization**

When considering future research in this area, it is important to note that numerous studies have highlighted the need to conduct research on specific subpopulations of Asian Americans (Deng, Kim, Vaughan, & Li, 2010; Juang & Cookston, 2009; Koo, Peguero, and Shekarkhar, 2012). In fact, Barreto and Segal (2005) found that it is inappropriate to aggregate subpopulations of Asian Americans into one group when conducting mental health research (Barreto & Segal, 2005). One subpopulation of Asian Americans is South Asian Americans, or Americans from South Asian countries (e.g., India, Pakistan, Sri Lanka, and Bangladesh). In a literature review, Inman, Devdas, Spektor, and Pendse (2014) examined 133 empirical articles from 88 peer-reviewed journals that were focused on South Asian Americans. Articles were included from 1980-2012. Of the articles included, 61.65% were focused on Asian Indians specifically. Results found that the most studied topics were: psychological health, interpersonal dynamics, acculturative stress, identity, and domestic violence. Results also indicated a shift towards utilizing more methodological approaches and
focusing on diverse groups within the South Asian community. Although they cited this as a positive shift for research focused on South Asians, the authors also found that external validity and internal validity were threatened in many studies due to non-representative samples and the use of measures that are not psychometrically sound or culturally sensitive. Based on the results of their literature review, the authors highlight the need for more high quality research to be conducted utilizing South Asian Americans as participants. Additionally, they emphasized the importance of recognizing that there is great diversity within the South Asian population (Inman, Devdas, Spektor, & Pendse, 2014). This highlights the need for research to be conducted on specific groups of South Asian Americans. One such group is Asian Indian Americans, a group on which little research has been conducted. Individuals of Asian Indian descent make up the second largest subgroup of Asian people in the United States (behind Chinese, except Taiwanese people) (United States Census Bureau, 2012). Overall, there are an estimated 2,927,329 Asian Indians living in the United States (United States Census Bureau, 2010-2012). One study helped to fulfill this need, as it was focused specifically on Asian Indian Americans. In this study focused on Indian Asian Americans and their experiences as being victims of discrimination and victimization, Tummala-Narra, Inman, & Ettigi (2011) examined when and why ethnicity is salient for this population. Participants in this study were 102 Asian Indian adults who had a mean age of 37.01. The sample was 75% women and 25% men. Participants also indicated their generational status, with 42% reporting being first generation and 58% reporting being second generation. Results indicated that Asian Indians felt that ethnicity was salient during negative
(prejudicial/discriminatory) interaction with non-Indians, in situations when they felt as though they stood out, and in work or educational settings, among others. In terms of why Asian Indians felt that ethnicity was salient, they reported because of experiences of being stereotyped by non-Indians, feelings of otherness (as being different or a foreigner), connection to their religion or religious holidays, and connectedness to their family and the desire to perpetuate family and cultural values, among others. Overall results indicated that discrimination and identifying as a minority member increased the participants’ acculturative stress (Tummala-Narra, Inman, & Ettigi, 2011). In another study focused on subgroups within South Asians, Eslea and Mukhtar (2010) examined school-based bullying among South Asian children in Britain. Self-report data collected from 243 Hindu, Indian Muslim, and Pakistani participants indicated that 57% of boys and 43% of girls had been bullied during the current school year. No group differences in self-reports of bullying experiences were found between participants of different groups (Hindu, Indian Muslim, and Pakistani). Additionally, it was reported that the bullying was mainly believed to have been based on the victims’ religious beliefs, language, or ethnic clothing (Eslea & Mukhtar, 2010).

Although research should be conducted on Asian Indians specifically, this group also should not be considered a homogenous ethnic group. This is true due to the diversity within the Asian Indian ethnic group. India is the second most populated country in the world, with an estimated population of 1.2 billion people. It consists of 28 states and 7 union territories, and there are 16 official languages recognized by the Indian government. Although 80.5% of Indians are followers of Hinduism, there are multiple
other religions that are also followed in India (India, 2015). People from different Indian states speak different languages, wear different clothes, eat different food, and may practice different religions. Based on this diversity, it is important that research does not treat all Asian Indians as one homogenous ethnic group. One specific ethnic subgroup of Asian Indians that warrants studies focused on bullying victimization and associated negative outcomes is Sikh Americans.

**Sikh Americans**

Sikh Americans are followers of Sikhism, a religion originated in India. Although the religion originated in India, Sikhs live worldwide and are not necessarily of Indian descent. There are approximately 25 million Sikhs worldwide, making it the fifth largest religion in the world in terms of number of followers (behind Christianity, Islam, Hinduism, and Buddhism) (Religions, n.d.). Approximately 700,000 Sikhs currently reside in the United States, with the first Sikhs documented to have arrived in the U.S. in the 1890s when they worked in the lumber mills of the Pacific Northwest, farms of California, and railroads (Sikh American Legal Defense and Education Fund, 2015). In fact, 85-90% of all Asian Indian immigrants in the United States in the early 1900s were Sikh (Gonzales, 1986; Brack, 1988).

Orthodox Sikhs can be identified by five physical articles of faith: Kesh (uncut hair), Kara (a steel bracelet), Kanga (a wooden comb), Kaccha (cotton shorts), and a Kirpan (steel sword). To cover their uncut hair, there are a few common Sikh head coverings. Sikh men tend to wear a pagri (turban), Sikh boys tend to wear a patka (under-
turban), and some Sikh women also wear a pagri (turban) (United States Department of Justice, 2004).

Victimization of Sikh Americans

Although Sikhs have lived in America since the 1800s, they continue to report being discriminated against. After the September 11th terrorist attacks on the World Trade Center in New York, “there was a series of cases of ‘mistaken identity’ in which Sikh Americans were targeted as ‘terrorists,’ causing Sikh communities to enter an extended period of alert and fear” (Falcone, 2006, p. 90). This case of “mistaken identity” has been attributed to the intersectionality of ethnicity and religion. In this case, it was found that “perpetrator Americans were targeting people they perceive to be Muslim, although many of the victims were, in fact, not Muslims” (Abu-Ras & Suarez, 2009, p. 58). This was due to the fact that religion is “apparently embodied with physical markers of race/ethnicity (e.g., skin and hair) and culture (e.g., dress, foreign language, and accent)” which “trigger perceptions of Muslim ‘religious’ identity. Religion also seems to be defined by perception, because those who were perceived to be Muslims were the ones targeted for hate crimes” (Abu-Ras & Suarez, 2009, p. 58). This case of mistaken identity was specifically an issue for Sikh Americans, because of their outward appearance of wearing turbans, as many images connected to the 9/11 terrorist attacks were of men wearing turbans. Further, it has been found that people are more likely to shoot at someone who is wearing a turban, whether they are holding a steel coffee mug or a gun, than at someone who is not wearing a turban (Unkelbach, Forgas, & Denson, 2008). This is an issue for all turban-wearers; however, it creates a specific threat for Sikh Americans because although
people from different countries and religions wear turbans, 99% of turban-wearers in the United States are Sikh Americans. This mistaken identity has resulted in many targeted attacks against Sikhs. These targeted acts against Sikh Americans are classified as hate crimes.

**Hate crimes.** The Department of Justice (DOJ) reports that there was an increase in hate crimes against South Asian communities after the 9/11 terrorist attacks, that has remained high with little variation. As a means to track occurrences of hate crimes, The Hate Crime Statistics Act, 28 U.S.C. 534, was passed by Congress on April 23, 1990. This Act mandated that data were collected “about crimes that manifest evidence of prejudice based on race, religion, sexual orientation, or ethnicity” (United States Department of Justice, 2014). In 2013, a recommendation was approved to expand the bias types in the religion category, including an anti-Arab bias. This data collection began on January 1, 2015 (United States Department of Justice, 2014). Although these data have started to be collected, anti-Sikh biases are not specifically documented, so anti-Sikh related hate crimes are reported under the “anti-other religion” category.

**Current literature on the victimization of Sikh American adults.** A review of the current literature revealed that there are currently no quantitative, peer-reviewed studies focused on the victimization of Sikh American adults. Although this is true, various reports have been conducted examining this issue. In 2013, the Stanford Peace Innovation Lab conducted a multi-method research study on the issue after being commissioned by the Sikh American Legal Defense and Education Fund (SALDEF). The study was titled *Turban Myths: The Opportunities and Challenges Reframing Sikh*
American Identity in Post 9/11 America. The study was comprised of two survey projects conducted through Google Consumer Surveys and Politix, a literature review, and qualitative research whereby 20 expert leaders were interviewed. Results of the study indicated that respondents tend to associate turbans with Osama bin Laden more than with other Muslim and Sikh alternatives, 70% of respondents associate the turban with other faiths, 49% of respondents believe “Sikh” is a sect of Islam, 48% of respondents associate a turban and beard with the Islamic faith, 70% of respondents cannot identify a Sikh man in a picture as a Sikh, 79% of respondents cannot identify the geographic origin of Sikhism, and there is anti-turban bias even among people with a greater knowledge of Sikhs. In regards to this last point, as a part of the Stanford Peace Innovation Lab study, a second survey was completed by people who had a greater knowledge of Sikhs. Of these respondents, 20% reported that they are likely to become angry or apprehensive if they encounter a stranger wearing a turban. Overall, the findings of the multi-method study indicated that there is bias against Sikh Americans, and against the turban itself (“Turban Myths,” 2013).

In another study titled Under Suspicion, Under Attack: Xenophobic Political Rhetoric and Hate Violence against South Asian, Muslim, Sikh, Hindu, Middle Eastern, and Arab Communities in the United States, the South Asian Americans Leading Together (SAALT) collected data over a three year period related to xenophobic rhetoric and hate violence. Findings indicated that anti-Muslim sentiments were the motivating factors behind 80% of the hate crimes they studied (“Under Suspicion,” 2014).
In addition to the aforementioned studies, a number of qualitative studies have been conducted examining the experiences of Sikhs post-9/11. In 2010, Ahluwalia and Pellettiere conducted a qualitative, phenomenological study with the goal of gaining a better understanding of the experiences of Sikh men after the September 11th terrorist attacks on the World Trade Center. Five Sikh men participated in the study, all of who lived in or near New York City. Four themes emerged from the researchers’ use of semi-structured interviews: “defining one’s identity as a Sikh,” “misidentification as anti-American,” “oppression and discrimination,” and “coping internally and externally” (Ahluwalia & Pellettiere, 2010, p. 307). Specifically, the participants reported their need to routinely explain their identity to others, their experiences being misidentified and facing instances of oppression and depression, and their focus on engaging in various coping mechanisms (Ahluwalia & Pellettiere, 2010). Although this study had a small sample size, it highlights the difficulties that many Sikhs have faced post-9/11, and in turn emphasizes the importance of increasing awareness about who Sikhs are in America.

In addition to this study, Ahluwalia (2011) wrote a narrative wherein she described her experiences after 9/11. She describes her experiences as an academic, New York resident, and member of the Sikh community. In her narrative, she emphasizes aggression and micro aggressions that Sikhs have faced, and suggests that the “basic level of ‘Americanness’ was taken away [from Sikhs] on 9/11” (Ahluwalia, 2011).

Current literature on the victimization of Sikh American adolescents. This issue of Sikhs being targeted also extends to Sikh American children and adolescents. In schools, this often takes the form of bullying. Prevalence rates of the bullying
victimization of Sikh American students range from 47% to 56%, which are much higher than the national averages ("Go Home Terrorist," 2014; “United Sikhs”, n.d.; “One Step Forward,” 2013; “Civil Rights Report,” 2010). Further, these rates have been shown to increase to 69% when considering Sikh students who wear a Sikh head covering (e.g., patka or turban) (“Civil Rights Report,” 2010). These high rates of bullying among Sikh youth were cited as one of the reasons behind the formation of the Asian Americans and Pacific Islanders (AAPI) Bullying Prevention Task Force (Ahuja, 2014). This task force was formed by The White House Initiative on Asian Americans and Pacific Islanders (WHIAAPI), in partnership with the U.S. Department of Justice, the U.S. Department of Education, and the U.S. Department of Health and Human Services. This is a positive step in the prevention of such bullying; however, although it is reported that Sikh American adolescents may be more prone to bullying victimization than other students, few studies have examined these students’ experiences with such victimization. In fact, a review of the literature did not reveal a single quantitative, peer-reviewed study focused on Sikh American adolescents’ experiences with victimization. Although there are currently no peer-reviewed studies available, various organizations and initiatives have conducted studies examining the victimization experiences of Sikh American students. These studies and reports will be reviewed here.

The United Sikhs Bullying Prevention Initiative conducted a series of research projects to assess the impact of bullying on Sikh children and adolescents. The first project was a bullying prevention survey conducted in New York. The survey was completed by 165 Sikh children, and results indicated that 56.4% of the Sikh children
reported being bullied. Further, 68.8% of male Sikh children who completed the survey reported being bullied. These percentages are much higher than national estimates of the prevalence of bullying (“United Sikhs,” n.d.). In another one of their research projects, United Sikhs conducted a series of focus groups where Sikh children shared their experiences with bullying. The Sikh students who participated in these groups reported “being isolated, teased, called racial slurs, and taunted for their head coverings, long un-cut hair, and other religious practices” (“United Sikhs,” n.d., p. 2). One example response from this focus group is as follows: “One time I was in school next to my locker and then this kid just came up to me and said you look like Osama’s brother. I said no I am not. Then he started calling me a terrorist and then everyone started calling me a terrorist” (“United Sikhs,” n.d., p. 2). Examples such as this highlight the need for educators to target this discrimination and bullying, in order to make schools a safer environment for Sikh children.

Along with the United Sikhs, the Sikh Coalition has conducted a few research projects examining school-based bullying experiences of Sikh American students. One was conducted in 2012 by the Asian American Legal Defense and Education Fund in collaboration with the Sikh Coalition. Although the participants were of different Asian backgrounds, the study also included Sikh American adolescents. The focus of the study was on bias-based bullying of Asian American students in New York. Of the 163 Asian American students included in the study, 50% reported bullying incidents, indicating an increase of 23% in prevalence rates of reported bullying incidents over a three year period. Additionally, only 40.5% of these students reported that their schools notified
their parents about the incidents (“One Step Forward,” 2013). Again, this study resulted in bullying prevalence rates that are higher than the national average.

In another survey project headed by the Sikh Coalition from 2006-2007, 1,021 participants from New York City completed a survey related to hate crimes, school bullying, discrimination, employment discrimination, language access, health insurance, relationship with law enforcement, among other topics. Of the 1,021 participants, 43% were Sikh children under 18 years old. Results of the survey indicated that 41% of the total participants reported being called names such as “Bin Laden” or “terrorists,” and 50% of the Sikh children reported being teased or harassed as a result of being Sikh. Further, 60% of Sikh children who wore a Sikh head covering (e.g., patka or turban) reported being harassed, and 38% of those children reported being physically victimized. About 50% of these students who reported being harassed believed it was due to their Punjabi or South Asian ethnicity, and 47% believed it was due to their head covering (e.g., patka or turban). The survey also found that 85% of the bullying perpetration was due to peers, but that an additional 5% was perpetrated by school staff members. Additionally, 40% of the victimization incidents were not reported to their school, and about 33% were reported but ignored by school staff, according to the student reports. When looking at the data based on different schools these Sikh students attended, results showed that 80% of Sikh students were intimidated or harassed at two different schools (“Making Our Voices,” 2008). This percentage is much higher than the national bullying average, and again highlights the need for victimization against Sikh adolescents to be further researched.
In 2009, another study was initiated by the Sikh Coalition, but this time in the Bay Area of Northern California. This study was also a survey project, and included a total of 1,300 Sikh adults and youth as participants. Of the 1,300 Sikh participants, 500 were Sikh children. Results of the youth survey indicated that 47% of Sikh youth experienced bias-based harassment. Further, when considering only Sikh boys, 69% of Sikh boys who wore a Sikh head covering reported being victimized. This percentage increased to 74% of Sikh boys who wore 5 articles of the Sikh faith. Additionally, 30% of the reported victimization experiences were physical in nature (“Civil Rights Report,” 2010).

More recently, from 2012-2013, the Sikh Coalition conducted a larger research study of Sikh adolescent experiences with bullying victimization. This research study was comprised of surveys administered to over 500 Sikh students, focus groups conducted with over 700 students, and interviews conducted with 50 Sikh students. The study was conducted in four large cities: Indianapolis, Indiana, Fresno, California, Seattle, Washington, and Boston, Massachusetts. Results of this study in terms of prevalence rates of bullying victimization were similar to those found in past studies conducted by the Sikh Coalition. About 50% of participants reported being victims of bullying, and that rate increased to 67% for Sikh adolescents who wore Sikh head coverings. The Sikh student participants reported that they were often called “Bin Laden,” “terrorist,” or were told to “go back to their country.” Other notable findings include: 51% of Sikh youth in Fresno, California do not believe that school officials respond adequately to bullying incidents, 25% of Sikh youth in Indianapolis, Indiana report being bullied or harassed at least once a week, 70% of Sikh youth in Boston, Massachusetts think bullying could be
Prevented if schools educate students on the Sikh community, and 52% of Sikh youth in Seattle, Washington do not think that schools have adequate anti-bullying programs (“Go Home Terrorist,” 2014). These multiple studies conducted by the Sikh Coalition highlight the high rates of bullying victimization of Sikh American adolescents in schools today. More research should be conducted looking at the effects of this bullying on these students.

Along with these studies conducted by the Sikh Coalition, a review of the current literature revealed one qualitative study focused solely on Sikh American youth. The study was conducted in the Midwest, and utilized individual interviews, group interviews, and participant observations. Participants included 12 Sikh adolescents. The Sikh adolescent participants reported that they wondered “whether they would ever be able to practice Sikhism wholeheartedly and be accepted in any society for that” (Verma, 2006, p. 95). This shows how Sikh adolescents feel forced to acculturate towards mainstream society in fear of the consequences associated with their outward ethnic identity. This study highlights how “Sikh students present a unique case because they ‘stand out’ of the crowd due to their turbans,” which “create[s] additional barriers for Sikh youth that other South Asian immigrant youth may not face” (Verma, 2006, p. 96). Further, it highlighted how “Sikh males faced limitations in their educational access as they came to realize they were perceived as the ‘suspect’ and ‘dangerous other’ due to their physical appearance” (Verma, 2006, p. 96). The study also showed that Sikh adolescents are faced with the dilemma of whether they should abandon their religious practices (i.e., cut their hair and stop wearing a turban) as a means to prevent themselves from being victims of racist
backlash and physical assault. Although some students reported that they felt they should cut their hair to ensure their safety, they reported that they “felt ‘oppressed’ and ‘victimized’ when they removed them in order to fit in” (Verma, 2006, p. 99). This study presents findings that are often reported by Sikh adolescents in everyday life. It highlights the need for more research to be conducted to determine if and how schools can create safer environments for Sikh students.

**Limitations of Current Literature**

A review of the current literature related to peer ethnic victimization reveals numerous limitations. Firstly, the research “on peer ethnic victimization and ethnic discrimination have generally remained disconnected from each other and from research on peer relational and physical victimization, limiting understanding of how ethnic victimization relates to relational and physical victimization” (Hoglund & Hosan, 2013, p. 586). Secondly, it has been noted that the “association between ethnic victimization and adjustment problems have rarely been assessed, particularly after accounting for relational and physical victimization” (Hoglund & Hosan, 2013, p. 588), and that studies “assessing the mechanisms by which ethnic victimization relates to adjustment problems in the context of ethnicity are needed” (Hoglund & Hosan, 2013, p. 604). This is a serious limitation, because much research has separately revealed significant relationships between victimization and maladjustment, as well as significant relationships between victimization and ethnic minority status. Since peer ethnic victimization is a serious form of peer victimization which has been under-studied, its relationship to maladjustment of psychological outcomes should also be studied. Thirdly, the current literature also shows
that Aboriginal and South Asian adolescents are generally neglected from research studies on peer victimization (Hoglund & Hosan, 2013). There is a need for more research to be conducted on adolescents from these populations in terms of their experiences with peer ethnic victimization. Finally, few current studies on peer ethnic victimization account for differences in the form of victimization being studied (e.g., verbal vs. physical vs. relational victimization). Future studies should also focus on verbal victimization in order to see what forms of victimization are specifically related to peer ethnic victimization (Hoglund & Hosan, 2013).

Additionally, the current literature base has resulted in mixed findings regarding gender differences in bullying victimization. Specifically, mixed findings have emerged in relation to what type of bullying is occurring (i.e., physical, verbal, relational). The research reveals that boys are more likely to experience overt victimization and more likely to engage in physical bullying than girls (Espelage, Bosworth, & Simon, 2000). Additionally, boys are more likely than girls to be involved in bullying as a bully, victim, or bully-victim (Cook, Williams, Guerra, Kim, & Sadek, 2010). Although this is true, girls may be more likely to experience relational victimization than boys. Asian American immigrant females specifically have been found to be more likely to endure victimization in schools (Koo et al., 2012). In terms of verbal bullying, results of examinations of gender differences are inconsistent (Knight, Guthrie, Page, & Fabes, 2002).

In addition to these limitations related to victimization, a review of literature revealed that there is currently not one quantitative, peer-reviewed research study
examining the victimization of Sikh American adolescents. Although peer-reviewed journal articles do not exist, various studies have been conducted examining the bullying victimization of Sikh American youth. Results of these studies show that this group of students reports much higher levels of bullying victimization than the national average. These findings warrant more research to be conducted examining the bullying victimization of Sikh American adolescents, and also to examine how their victimization is related to their mental health outcomes. Additionally, more research is needed in this area to address implications that may arise as a result for school staff members, especially school psychologists.

**Purpose of Current Study**

The current study aims to examine the experiences of bullying victimization in Sikh American adolescents specifically. Additionally, it seeks to examine the relationships between victimization and various mental health outcomes in these students. Specifically, depressive symptoms, self-esteem, and anxiety related to perceptions of school safety were examined. Overall, the study aims to quantitatively examine Sikh American adolescents’ perceptions of being stereotyped as a foreigner, levels of physical, verbal, and relational victimization, and the effects of these items on their mental health outcomes. Currently, no other study has examined the relationships among perceptions of being stereotyped as a foreigner, victimization levels, and mental health outcomes of Sikh American adolescents.

The current study aims to fill this gap in the literature. The following research questions guided this study:
(1) To what extent do wearing a religious head covering, gender, and school racial diversity predict levels of victimization (physical, verbal, and relational) among Sikh American adolescents?

(2) To what extent do physical, verbal, and relational victimization predict: (a) self-esteem; (b) depressive symptoms; and (c) anxiety related to perceptions of school safety in Sikh American adolescents?

(3) To what extent does wearing a religious head covering predict “being perceived as foreigner” in Sikh American adolescents?

(4) To what extent does “being perceived as a foreigner” mediate the relationship between wearing a religious head covering and physical, verbal, and relational victimization?

Hypotheses

It was hypothesized that a good fit of the tested model to the data would be found. Significant parameter estimates were expected for all hypothesized paths. Specifically, it was hypothesized that the presence of an overt ethnic signifier (wearing a head covering), gender, and school racial diversity would significantly predict physical, verbal, and relational victimization (Figure 1). It was expected that there would be significant gender differences in the victimization of Sikh American adolescents, with male participants reporting significantly higher physical, verbal, and relational victimization than female participants. Although gender differences in victimization research have shown mixed results the fact that this study is focused on Sikh Americans leads the researcher to hypothesize that male participants will report higher levels of physical, verbal, and
relational victimization. This is due to the fact that more male Sikh adolescents wear a head covering for religious purposes than do female Sikh adolescents. It was also hypothesized that higher levels of physical, verbal, and relational victimization will predict lower self-esteem, higher depressive symptomology, and more anxiety related to perceptions of schools safety in the Sikh American participants. Finally, it was expected that wearing a religious head covering would predict participants’ perceptions of being stereotyped as a foreigner and that their perceptions of being stereotyped as a foreigner would mediate the relationship between wearing a head covering and physical, verbal, and relational victimization.

Methods

Current research studies suggest that wearing a religious head covering, gender, and school racial diversity predict victimization. Additionally, victimization predicts negative mental health outcomes, including anxiety, depression, and low self-esteem. In the case of Asian Americans, it has been shown that “being perceived as a foreigner” predicts victimization levels. For the current study, a theoretical model (Figure 1) was established to test these relationships among Sikh American adolescents. The research questions that guided this study were tested through this theoretical model.

Participants

To be included in this study, individuals identified themselves as Sikh Americans, and were between the ages of twelve and eighteen. The target sample was a random sample of Sikh American adolescents. The goal was to recruit participants at Gurdwaras (Sikh religious institutions) and/or from a variety of Sikh related community and
educational events. It was also planned to contact various Sikh related organizations were also contacted to inform their organization members of this study. According to the Pew Research Center, there is no definitive answer as to the number of Sikhs in the United States. They report that there are estimates that there are about 200,000 Sikhs in the United States; however, that “given the difficulty of surveying both small religious groups and new immigrants, the 200,000 figure should be considered a rough estimate and more likely a flor than a ceiling” (“How Many U.S. Sikhs?” 2012). A review of the literature revealed that there are no available estimates as to how many Sikhs attend the temple; however, the 2010 Religious Congregations and Membership Study found that there are 246 Sikh temples (Gurdwaras) in the United States.

The final sample in this study was comprised of 202 Sikh American adolescents who lived in the United States. The majority of participants (97.5%, N=197) were recruited from six Gurdwaras (Sikh religious institutions) in California. Four Gurdwaras were located in Southern California, and two Gurdwaras were located in Northern California. These specific temples were chosen by the researcher, because they are generally known to be temples that have a larger number of people in attendance. A few other temples were contacted to recruit participants from, but the researcher was told that they did not expect to have a large number of people in attendance on the collection dates. Five additional participants were recruited through sending out a link to individuals who the researcher was told were eligible to participate (but who were not in attendance at the Gurdwaras on the day of data collection). To recruit participants, the researcher set up a table at each temple, and asked that an announcement be made to have all
adolescents aged 12-18 take the survey. It is believed that the majority of all eligible adolescents who were at each temple on the collected days took the survey. Two adolescents verbalized that they did not want to participate. See Table 1 for data regarding participants and where they were recruited from. Of the 202 participants, 100 (49%) did not wear a head covering, and 102 (50%) did wear a head covering. The final sample consisted of 108 (54%) male participants and 94 (47%) female participants.

Although Sikhs do not have to have Indian ancestry, all Sikh participants of this study had Indian ancestry. This is important when considering the socioeconomic backgrounds of the participants. According to the 2014 U.S. Census Bureau American Fact Finder, Asian Indians had the highest median household income of all racial groups (median household income = $101,591 +/- 673). Further, 32.5% of Asian Indians had attained a Bachelor’s degree and 40.0% of Asian Indians had attained a Graduate or professional degree (“American Fact Finder,” 2014). Further, the Sikh religion emphasizes equality of all humans, regardless of their socioeconomic status, religion, or race, and attendees of all backgrounds are welcome at all Gurdwaras. Additionally, there are only 246 reported Sikh Gurdwaras in the United States, and Sikhs tend to attend the one that is closest in proximity to them. Although all participants were members of a high earning racial group (i.e., Asian Indian), it is important to consider that data are not available regarding the specific socioeconomic background of each participant when interpreting results.

Data related to acculturation were also collected. Specifically, participants were asked how frequently they attended the Gurdwara, how often they attended other Punjabi
or Sikh related activities, how well they spoke Punjabi, how well they wrote Gurmakhi (the written language of Punjab), and how well they read Gurmakhi. Participants rated these questions on five-point rating scale. Their responses to these items were then summed to obtain an overall “acculturation” score. Correlational analyses revealed that there were no associations between participants’ acculturation scores and reports of physical, verbal, or relational victimization. This indicated that victimization levels were not associated with how closely a participant was involved with the Sikh or Punjabi culture or religion.

**Measures**

**Demographic data.** Items were included to assess the following: whether students identify as a Sikh, age, grade level, gender, school name, and location of school (city and state). The school name and location were used to determine the racial diversity of the population of the school they attend (i.e., percent of students that is Asian at their school) for later statistical analyses. Specifically, the Common Core of Data (CCD) program of the U.S. Department of Education’s National Center for Education Statistics (NCES) was utilized. Through this program, descriptive data are supplied by state education agency officials, and include demographic student data for private and public schools in the United States (United States Department of Education, 2013). The latest data available were used (i.e., 2012-2013 school year). Through this program, data are available regarding the number of male and female students that are Asian or Asian/Pacific Islander at each public school. Data were recorded for both public and private schools that participants attended. For a few students, data were not available,
because their schools were too new (i.e., they were established after the 2012-2013 school year) and were not included in the Common Core of Data (CCD) program.

**School bullying prevention efforts.** To assess current bullying prevention efforts at participants’ schools, the following question was asked: “Does your school have a bullying prevention program (for example, assemblies about bullying, positive behavior interventions and supports [PBIS], etc.)?” Participants were able to type in or write what bullying prevention programs were in place at their school. Responses were then coded as no = “0” and yes = “1.” Examples of responses that were coded as “1,” are: “yes assemblies about bullying,” “Project BOLD,” and “assemblies.” Only responses that explicitly said “no” were coded as “0.” Any blank responses were coded as “999” (missing data).

**Religious head covering.** One item was used to indicate the presence or lack of an overt physical ethnic signifier of Sikhism, a religious head covering. One of the five physical symbols of Sikhism is uncut hair, which is traditionally covered using a *pagri* (turban), *patka* (under-turban), or *chunni* (scarf). These head coverings can be worn by men or women, and children tend to wear *patkas* (under-turbans) instead of *pagris* (turbans). As this study focuses on Sikh American adolescents, the following item was used: “Do you wear a *patka* (under-turban), *pagri* (turban), or other head covering for religious purposes?” Participants answered “yes” or “no.” Responses marked “yes” indicated the presence of an overt ethnic signifier (i.e., religious head covering) of Sikhism. Responses were coded as follows: no = 0; yes = 1.
Victimization. The Multidimensional Peer-Victimization Scale (Mynard & Joseph, 2000) was used to measure bullying victimization. This scale is a self-report measure consisting of 16 items. Items are rated on a 3-point scale (0 = not at all, 1 = once, 2 = more than once). Scores on all 16 items were summed to obtain an overall score of victimization. Higher scores indicate more victimization. There are also four subscales within the measure that specifically assess physical victimization (e.g., punched me, kicked me), verbal victimization (e.g., made fun of me because of my appearance, swore at me), social manipulation (e.g., tried to make my friends turn against me, made other people not talk to me), and attacks on property (e.g., deliberately damaged some property of mine). To calculate participants’ scores on each subscale, responses to each item within each subscale were summed. Internal consistency scores from a previous study have been found to be: 0.85 for the physical victimization scale, 0.75 for the verbal victimization scale, 0.77 for the social manipulation scale, and 0.73 for the property attacks scale in a previous study (Mynard & Joseph, 2000). Convergent validity with self-reports of bullying has also been established for this scale (Mynard & Joseph, 2000). Reliability estimates (Cronbach’s alpha) were calculated for the sample in the current study. For the current study, internal consistency for the overall scale was high (α = 0.89). The internal consistency scores for the current study for the subscales were good: physical victimization α = 0.87, verbal victimization α = 0.81, and relational victimization α = 0.82.

Self-Esteem. The Rosenberg Self-Esteem Scale (RSES) were used to measure self-esteem. The RSES is a self-rating scale that consists of ten items. Each item is rated
on a scale of 1 to 4, with 1 indicating “strongly agree,” 2 indicating “agree,” 3 indicating “disagree,” and 4 indicating “strongly disagree.” Of the ten items, five are negatively worded and five are positively worded. To obtain an overall score of self-esteem, the five negatively worded items were reverse-scored. Higher overall scores represent higher self-esteem. Overall convergent validity, divergent validity, and internal consistency reliability (α=0.84-0.95) has been established for this measure, as well as across demographic subgroups (Sinclair et al., 2010). For the current study, internal consistency was similar to previous studies (α = 0.82).

**Depressive symptoms.** The Center for Epidemiological Studies Depression Scale-Revised (CESD-R) was used to measure depressive symptoms. The CESD-R is a revised version of the Center for Epidemiological Studies Depression Scale (CESD). The CESD-R is self-rating scale composed of twenty items assessing depressive symptomology. Participants endorse each item using a Likert-type scale. Specifically, each item is rated from 1 to 5, indicating whether the participants experienced a specific symptom of depression: “not at all or less than 1 day last week,” “one or two days last week,” “three to four days last week,” “five to seven days last week,” or “nearly every day for two weeks.” To obtain an overall score representing depressive symptoms, the ratings on all of the twenty items were summed together. Higher scores indicate greater depressive symptomology. A Cronbach’s alpha of 0.93 has been found for this measure in a previous study, indicating high internal consistency (Van Dam & Earleywine, 2011). For the current study, internal consistency was also high (α = 0.92).
Anxiety related to school bullying. To assess anxiety related to perceived school violence and bullying, the Reynolds Bully Victimization Scales for School, School Violence Anxiety Scale (SVAS) (Reynolds, 2003) was used. The scale is a standardized, self-report measure consisting of twenty nine items. The items are designed to measure anxiety related to perceptions of safety at school. Specifically, anxiety related to physical harm at school, harassment at school, and the potential for violence occurring at school is assessed. The SVAS was designed to use with students in grades 5 to 12. Each item is rated on a 4-point scale (0 = almost never, 1 = sometimes, 2 = a lot of the time, 3 = almost all of the time). Ratings on all items were summed together to indicate overall level of anxiety related to perceived school safety. Higher overall scores indicated more anxiety related to perceived school safety. High internal consistency reliability (α = 0.95) has been established for this measure, as well as a test-retest reliability of 0.83 (Reynolds, 2003). For the current study, high internal consistency was also found (α = 0.95).

Perpetual foreigner stereotype. To measure participants’ perception of being stereotyped as a foreigner, the Awareness of the Perpetual Foreigner Stereotype Scale (Huynh, Devos, and Smalarz, 2011) was used. This scale was created to measure the “extent to which participants believed they were perceived as a foreigner (as opposed to an American citizen) by others, without reference to the race or ethnicity of the perpetrator” (Huynh et al., 2011, p. 6). The scale consists of thirteen items; however only ten items were included in the current study. All items are rated on a 5-point Likert-type scale, with 1 indicating “strongly disagree” and 5 indicating “strongly agree.” Two items were reverse-scored, because they are stated in a way that asks whether the rater feels that
they are perceived as American, instead of perceived as a foreigner (i.e., “most people see me as an American” and “based on my physical appearance, people assume I am an American”). After reverse scoring those two items, all item scores were summed together to obtain an overall score representing “being perceived as a foreigner.” Lower overall scores indicated a higher rating of participants’ perceptions of being stereotyped as a foreigner. This measure was found to have good internal consistency for Asian American participants in two previous studies ($\alpha = 0.87, 0.88$) (Huynh, Devos, & Smalarz, 2011). Internal consistency for the current study was also good ($\alpha = 0.83$).

**Procedures**

A survey was created that assessed victimization, self-esteem, depressive symptoms, anxiety related to perceptions of school safety, perception of being stereotyped as a perpetual foreigner, and the presence of an overt ethnic signifier (i.e., religious head covering). As this research involved human participants, an approval was obtained from the Institutional Review Board (IRB). Once the approval was obtained, Sikh adolescents were recruited to serve as participants. Consent forms outlining the study were provided to parents of the participants. All recruited participants completed the survey. Surveys were available and administered in both a paper and online format. What format (paper and pencil or online) was administered was dependent on where the participants were recruited. When recruiting at Sikh religious institutions or community and educational events, the researcher had both paper and online formats available. At least one laptop or netbook was available for participants to complete the survey online. If participants indicated that they were more comfortable completing the survey on paper,
paper surveys were also available for them. For participants that were recruited through other Sikh organizations, the online format was utilized. A link to the online survey was sent to participants who chose to complete the survey online. The majority of participants utilized the paper format. Specifically, only five participants completed the survey online, and 197 participants completed it with the paper format. Participants were entered into a raffle for a chance to win a prize (i.e., one of twenty Target gift cards) as an incentive for completing the survey. All participants were eligible to be entered into the raffle, regardless of whether or not they completed the survey.

**Analyses**

Path analysis, regression, and t-tests were utilized for statistical analyses to explore the research questions that guided this study. Path analysis is used to examine direct and indirect effects between variables. Multivariate multiple regression is a regression model with more than one predictor variable and more than one outcome variable, and independent samples t-tests allow for means of different groups of entities to be compared (Field & Miles, 2010). To examine research question 1 (to what extent do wearing a religious head covering, gender, and school racial diversity predict levels of victimization (physical, verbal, and relational) among Sikh American adolescents?), both regression and a t-test were used. Regression allowed the researcher to determine whether three predictor variables predicted three outcome variables, without controlling for other variables or considering any mediators or moderators. The independent samples t-tests allowed mean verbal victimization to be compared for participants who did and did not wear a head covering. Such mean differences have been examined in previous research.
studies; however, they do not consider the effects of other variables. For research question 2 (to what extent do physical, verbal, and relational victimization predict: (a) self-esteem; (b) depressive symptoms; and (c) anxiety related to perceptions of school safety in Sikh American adolescents?) and research question 3 (to what extent does wearing a religious head covering predict “being perceived as foreigner” in Sikh American adolescents?), regression was used. Path analysis was used for research question 4 (to what extent does “being perceived as a foreigner” mediate the relationship between wearing a religious head covering and physical, verbal, and relational victimization?). Coefficients were examined for all variables included in the final model, so the relationships among variables that were considered in research questions 1, 2, and 3, were also examined through path analysis. The benefit of reviewing the results of the path analysis for all variables, is that all variables were controlled for in the final model.

Mplus version 7 was used to conduct path analyses (structural equation modeling). Structural equation modeling (SEM) allows researchers to quantitatively examine potential interrelationships among constructs that are based on theoretical frameworks. Further, it takes into account measurement error in observed variables, and allows both direct and indirect effects of variables to be studied. Direct effects are effects from one variable to another, whereas indirect effects are effects between two variables that are mediated by one or more intervening variables (Raykov & Marcoulides, 2006). Several model fit indices were used to determine goodness of fit of the fit. Specifically, chi-square, the Comparative Fit Index (CFI), and Root Mean Square Error of Approximation (RMSEA) were used to determine model fit. Chi-square indicates the
difference between the expected and observed covariance matrices. A non-significant chi-square value indicates goodness of fit. The CFI in an increment fit index that compares the existing model fit with a null model, and can range from 0 to 1. A larger CFI indicates better model fit, and a value of 0.90 or greater suggests acceptable model fit (Hu & Bentler, 1999). RMSEA is an absolute fit index that tests a null hypothesis of poor fit, and is related to the residual in the model. RMSEA can range from 0 to 1. A smaller RMSEA value indicates better model fit, and a value of 0.08 or less suggests acceptable model fit (MacCallum, Browne, & Sugawara, 1996). When conducting SEM, if the fit indices indicate poor model fit to the data, the model is revised by examining modification indices. Based on these indices, the model is re-specified. After re-specifying, hypotheses are supported if acceptable fit is demonstrated (e.g., chi-square tests is not significant, CFI > 0.90, RMSEA < 0.08), and specific path loadings are significant.

Bootstrapping analyses in Mplus were utilized to test if the indirect (mediation) paths were significant, because this method has an adequate control of type I errors. The bootstrap model was used in conjunction with the model indirect command to obtain bootstrap standard errors for indirect effects. Bootstrap = 5000 was used so that bootstrapped standard errors were computed using 5,000 draws. We consider that a significant indirect effect was observed in the 95% bootstrap confidence intervals (95% CI) if the indirect effect did not contain a 0 or ended at 0 (Preacher & Hayes, 2008).

For structural models, standardized parameter estimates were analyzed, because they allow for informal comparisons to be made across variables, because they are
transformations of unstandardized estimates with scaling information removed.

Standardized path coefficients with absolute values greater than 0.5 indicate a “large” effect, greater than 0.30 indicate a “medium” effect, and greater than 0.1 indicate a “small” effect.

**Results**

**Missing Data**

There were no missing data points for composite scores on the measures of physical victimization, verbal victimization, relational victimization, anxiety, depressive symptoms, self-esteem, or being perceived as a foreigner. These composite scores were calculated based on each measure’s instructions on how to calculate composite scores. Available information on how to deal with missing items on each measure was examined; however, no rules had been established. As a result, the researcher mean imputed the value for individual missing items on each measure. For each missing individual item, the average response across all subjects for that item was used to replace the missing value. After mean imputing these values, the composite scores were calculated. There were no missing values for any composite scores. There were missing data points for the following variables: racial diversity and bullying prevention program. There were 6 missing data points (3.0%) for racial diversity, and 21 missing data points (10.4%) for bullying prevention program. There were no missing data points for wearing a religious head covering or gender.

Full Information Maximum Likelihood (FIML) was used to deal with the missing data values for school racial diversity and bullying prevention program when running the
statistical model in Mplus. FIML is “the use of all available data on all subjects and all variables of concern in a given analysis,” and it accomplishes this by fitting a specific model “to all the data that are available from all subjects on the variables participating in this model” (Raykov & Marcoulides, 2008, p. 406). Table 2 reports the rate of missing data for each variable.

**Model Assumption Checks**

The following model assumptions were checked: normality of residuals, linearity of effects between continuous variables, multicollinearity of predictors, and homoscedasticity. The assumption of normally distributed residuals is that the residuals are approximately normally distributed, with a mean around zero. To test for normality, normal probability plots of the residuals were examined. The plots were visually analyzed to determine if the residuals were linear. The assumption of normality was determined to be met if no deviations were seen. The Shapiro-Wilk test statistic was also used. The assumption of normality is met if the p-value for the test statistic is not significant. The assumption of normality was met for “being perceived as a foreigner.” Based on the Shapiro-Wilk test statistic, the assumption of normality was not met for the following variables: physical victimization, verbal victimization, relational victimization, anxiety, depression, self-esteem, head covering, gender, or school racial diversity. The Shapiro-Wilk test statistics are presented in Table 3. The assumption of linearity of effects between continuous variables was also explored. This is the assumption that the regression of y on x is linear. To examine linearity, scatterplots of y vs. x were examined. Approximately linear trends were seen for all continuous variables, indicating that the
assumption of linearity was met. Multicollinearity examines the correlations among predictor variables. It was examined through the tolerance and Variance Inflation Factor (VIF) statistics. Tolerance values below 0.2 and VIF values above 5 indicate problematic multicollinearity. No tolerance values below 0.2 or VIF values above 5 were found for predictors in this study, indicating that predictors did not demonstrate multicollinearity and that the assumption of multicollinearity was met. Homoscedasticity, or homogeneity of variance, is the assumption that residuals are equally distributed along the regression line. That is, you have equal variance across groups. To test for this, scatterplots were examined for patterns (e.g., a wedge shape). No clear patterns were seen in scatterplots, indicating that the assumption of homoscedasticity was not violated. The model assumption that was violated in this study (i.e., normality) should be considered when interpreting the results of this study; however, regression analyses can be robust to some violations of assumptions.

**Correlational Analyses**

Correlations among variables of interest were calculated. Pearson’s $r$ correlation coefficients were calculated between continuous variables (see Table 4), and point-biserial correlations ($r_{pb}$) were calculated between continuous and dichotomous variables (see Table 5). We found that 76.2% of the Sikh American adolescents experienced some type of victimization at least once during the school year. Total victimization, physical victimization, verbal victimization, and relational victimization were all significantly, and positively, correlated with self-esteem, anxiety, and depressive symptoms, suggesting all types of victimization correlated with lower self-esteem, more anxiety and more
depressive symptoms. Being perceived as a foreigner was significantly correlated with more total victimization, physical victimization, verbal victimization, relational victimization, lower self-esteem, more anxiety, and more depressive symptoms. Wearing a religious head covering was only significantly correlated with greater chance of being perceived as a foreigner and more verbal victimization, and gender (being a boy) was significantly correlated with more physical victimization, more verbal victimization, higher self-esteem, greater chance of being perceived as a foreigner, and wearing a religious head covering. School racial diversity (higher percentage of Asian students at school) was significantly correlated with lower self-esteem. Grade was significantly correlated with depressive symptoms, with older students reporting higher level of depressive symptoms.

Specifically, total victimization was significantly correlated with more physical victimization ($r = 0.62, p < .01$), more verbal victimization ($r = 0.88, p < .01$), more relational victimization ($r = 0.84, p < .01$), lower self-esteem ($r = -0.27, p < .01$), more depressive symptoms ($r = 0.33, p < .01$), more anxiety ($r = 0.56, p < .01$), and greater chance of being perceived as a foreigner ($r = -0.26, p < .01$). Physical victimization was significantly correlated with more verbal victimization ($r = 0.42, p < .01$), more relational victimization ($r = 0.38, p < .01$), lower self-esteem ($r = -0.22, p < .01$), more depressive symptoms ($r = 0.26, p < .01$), more anxiety ($r = 0.49, p < .01$), greater chance of being perceived as a foreigner ($r = -0.14, p < .05$), and being male ($r_{pb} = 0.15, p < .05$). Verbal victimization was significantly correlated with more relational victimization ($r = 0.61, p < .01$), lower self-esteem ($r = -0.17, p < .05$), more depressive symptoms ($r = 0.27, p <
.01), more anxiety \((r = 0.41, p < .01)\), greater chance of being perceived as a foreigner \((r = -0.21, p < .01)\), wearing a religious head covering \((r_{pb} = 0.16, p < .05)\), and being male \((r_{pb} = 0.24, p < .01)\). Relational victimization was significantly correlated with lower self-esteem \((r = -0.30, p < .01)\), more depressive symptoms \((r = 0.33, p < .01)\), more anxiety \((r = 0.47, p < .01)\), and greater chance of being perceived as a foreigner \((r = -0.25, p < .01)\).

Lower self-esteem was significantly correlated with more depressive symptoms \((r = -0.49, p < .01)\), more anxiety \((r = -0.34, p < .01)\), greater chance of being perceived as a foreigner \((r = 0.25, p < .01)\), being female \((r_{pb} = 0.20, p < .01)\), and school racial diversity (greater percentage of Asian students at school) \((r = -0.14, p < .05)\). More depressive symptoms were significantly correlated with more anxiety \((r = 0.53, p < .01)\), greater chance of being perceived as a foreigner \((r = -0.28, p < .01)\), and higher grade level \((r = 0.20, p < .01)\). Additionally, more anxiety was significantly correlated with greater chance of being perceived as a foreigner \((r = -0.43, p < .01)\), being perceived as a foreigner was significantly correlated with wearing a religious head covering \((r_{pb} = -0.21, p < .01)\) and gender (being male) \((r_{pb} = -0.16, p < .05)\), and wearing a religious head covering was significantly correlated with gender (being male) \((r_{pb} = 0.47, p < .01)\).

**Results of Research Questions**

T-tests, multivariate regression, and path analysis were used to examine the research questions. The results of each research question are presented next. The results of the final path analysis model are discussed under Research Question 4. The coefficients for paths between all variables are considered there. By using path analysis,
all variables are controlled for, unlike the earlier results of t-tests and regression analyses, which don’t control for other variables. For this reason, the final section for Research Question 4, should be closely considered not only for Research Question 4, but also for relationships among variables discussed in Research Questions 1-3.

Research Question 1. To what extent do wearing a religious head covering, gender, and school racial diversity predict levels of victimization (physical, verbal, and relational) among Sikh American adolescents?

Figure 2 highlights the part of the model that research question 1 examined. It was hypothesized that the presence of an overt ethnic signifier (wearing a head covering), gender, and school racial diversity would significantly predict physical, verbal, and relational victimization. No mediator or moderator variables were included in this part of the model, so it was run as a multivariate multiple regression model. The model fit the data perfectly because the model was saturated, $\chi^2 = 0.00$, $df = 0$, $p < .001$, RMSEA = .00, CFI = 1.00. Standardized parameter estimates were examined. Results showed that wearing a religious head covering did not predict physical, verbal, or relational victimization when gender and school racial diversity were controlled for. Gender only predicted verbal victimization ($\beta = 0.21$, $p = .006$), with boys experiencing more verbal victimization. School racial diversity did not predict physical, verbal, or relational victimization. See Figure 3 for standardized estimates for this model. An independent samples t-test was also conducted to examine mean differences in verbal victimization for adolescents who did and who did not wear a religious head covering. The independent samples t-test showed that there was a significant difference in verbal victimization for
adolescents who did wear a religious head covering (M = 3.08, SD = 2.67) and students who did not wear a religious head covering (M = 2.22, SD = 2.54); t(200) = -2.34, p = .02. This t-test did not control for other variables, such as gender or school racial diversity.

**Research Question 2.** To what extent do physical, verbal, and relational victimization predict: (a) self-esteem; (b) depressive symptoms; and (c) anxiety related to perceptions of school safety in Sikh American adolescents?

Figure 4 displays the part of the model that research question 2 examined. It was hypothesized that physical, verbal, and relational victimization would predict lower self-esteem, more depressive symptoms, and more anxiety related to perceptions of school safety. Since this part of the model did not have mediators or moderators, it was run as a multivariate multiple regression model. The model fit the data perfectly because the model was saturated, $\chi^2 = 0.00$, df = 0, $p < .001$, RMSEA = .00, CFI = 1.00. Physical victimization predicted more anxiety ($\beta = 0.34$, $p < .001$). Relational victimization predicted lower self-esteem ($\beta = -0.28$, $p = .001$), more depressive symptoms ($\beta = 0.23$, $p = .006$), and more anxiety ($\beta = 0.28$, $p < .001$). Unlike what was hypothesized, physical victimization did not predict lower self-esteem or more depressive symptoms, and verbal victimization did not predict lower self-esteem, more depressive symptoms, or more anxiety (See Figure 5 for model results). These results did not control for other variables, such as gender or school racial diversity.

**Research Question 3.** To what extent does wearing a religious head covering predict “being perceived as foreigner” in Sikh American adolescents?
It was hypothesized that wearing a religious head covering would predict participants’ perceptions of being stereotyped as a foreigner. This hypothesis was confirmed using regression analysis. Wearing a religious head covering significantly predicted being perceived as a foreigner, $F = 9.59$, $\beta = -3.31$, $p = .002$. It is important to note that in this study, lower scores on the Perpetual Foreigner Stereotype Scale indicated greater likelihood of being perceived as a foreigner. Also, using regression analysis did not allow for controlling for other variables. So, this result showed the wearing a religious head covering predicted being perceived as a foreigner, when not controlling for other variables, such as gender or school racial diversity.

**Research Question 4.** To what extent does “being perceived as a foreigner” mediate the relationship between wearing a religious head covering and physical, verbal, and relational victimization?

It was hypothesized that participants’ perceptions of being stereotyped as a foreigner would mediate the relationship between wearing a head covering and physical, verbal, and relational victimization. This hypothesis was examined in a comprehensive path analysis model, in which all four research questions were integrated together (Figure 1). The hypothesized model did not fit the data well ($\chi^2 = 63.47$, df = 14, $p < .001$), RMSEA = .13, and CFI = .88). Past research has suggested that “being perceived as a foreigner” predicted negative mental health outcomes. Based on this, modification indices were examined to determine whether adding these paths would improve model fit. The modification indices did suggest a link between being perceived as a foreigner and mental health outcomes (i.e., self-esteem, anxiety, and depressive symptoms). As a
result, direct paths were added from being perceived as a foreigner to anxiety, depression, and self-esteem, in addition to the indirect paths from being perceived as a foreigner to mental health outcomes through victimization (i.e., physical, verbal, and relational). The model fit improved, $\chi^2_{\text{diff}} (3) = 33.25, p < .001$. However, the model still did not fit the data well ($\chi^2 = 30.22, df = 11, p = .002$, RMSEA = .09, and CFI = .95), as RMSEA was greater than 0.08. Past research has also suggested that gender predicts both self-esteem and depressive symptoms. So, the modification indices were again examined to see if adding these paths may improve model fit. Examining the model modification indices suggested that adding paths from gender to self-esteem and depressive symptoms would improve model fit. Therefore, another model was specified with these added paths. This change improved model fit, $\chi^2_{\text{diff}} (2) = 14.08, p < .001$. $\chi^2 = 16.14, df = 9, p = .06$, RMSEA = .06, and CFI = .98. This model fit the data well, and was the final model for this study (Figure 6). Although past research has also shown a link between gender and anxiety, the path from gender to anxiety was not included, because (a) the path was not significant, and (b) adding the path did not improve model fit, $\chi^2_{\text{diff}} (1) = 0.365, p = .55$, $\chi^2 = 15.78, df = 8, p = .05$, RMSEA = .07, and CFI = .98. As a result, the simpler model was chosen (without a link from gender to anxiety). See Table 6 for model comparison statistics.

The final path analysis model included all variables in this study. By including all variable, it controlled for variables that were not controlled for through the multivariate multiple regression models and independent t-tests that had been run for research questions 1, 2, and 3. In the final model, head covering predicted being perceived as a
foreigner ($\beta = -0.21, p = .003$), which then predicted physical victimization ($\beta = -0.13, p = .08$), verbal victimization ($\beta = -0.17, p = .009$) and relational victimization ($\beta = -0.26, p < .001$). Again, lower scores on the Perpetual Foreigner Stereotype Scale in this study indicated greater likelihood of being perceived as a foreigner. Results of the bootstrapping analyses confirmed significant indirect effects between head covering and all three types of victimization (i.e., physical, verbal, and relational) mediated by being perceived as a foreigner. Specifically, head covering was positively related to physical victimization, which was mediated by being perceived as a foreigner (indirect effect = 0.06, 95% CI 0.00 to 0.19). Head covering was also related to verbal victimization, which was also mediated by being perceived as a foreigner (indirect effect = 0.19, 95% CI 0.04 to 0.46). Head covering was also related to relational victimization, which was also mediated by being perceived as a foreigner (indirect effect = 0.23, 95% CI 0.07 to 0.49).

In addition, being perceived as a foreigner predicted lower self-esteem ($\beta = 0.24, p < .001$), more depressive symptoms ($\beta = -0.21, p = .009$), and more anxiety ($\beta = -0.31, p < .001$) directly, as well as verbal victimization ($\beta = -0.17, p = .009$). Being perceived as a foreigner also significantly predicted relational victimization ($\beta = -0.26, p < .001$), which also predicted anxiety ($\beta = 0.22, p = .018$). Bootstrapping analyses were conducted to examine the significance of the indirect paths. The total indirect (mediation) paths from being perceived as a foreigner to self-esteem (indirect effect = 0.04, 95% BC CI 0.01 to 0.08), depressive symptoms (indirect effect = -0.11, 95% BC CI -0.23 to -0.03), and anxiety (indirect effect = -0.14, 95% BC CI -0.25 to -0.04), and through three types of victimization were significant. Specifically, being perceived as a foreigner
related to self-esteem, which was mediated by relational victimization (indirect effect = 0.03, 95% CI 0.00 to 0.06). Being perceived as a foreigner also related to depressive symptoms, which was mediated by verbal victimization (indirect effect = -0.03, 95% CI -0.08 to -0.002). Being perceived as a foreigner also related to depressive symptoms, which was mediated by verbal victimization (indirect effect = -0.07, 95% CI -0.17 to -0.005).

Gender significantly predicted self-esteem ($\beta = 0.25, p = .001$) and depressive symptoms ($\beta = -0.15, p = .011$). Gender also predicted verbal victimization ($\beta = 0.20, p = .015$), and physical victimization ($\beta = 0.12, p < .05$).

**Additional Analyses**

Although this is not one of the main research questions, we were also curious about whether participants’ schools having a bullying prevention program (as reported by the participant) and participants’ grade level significantly predicted three types of victimization. These two variables were added to the final model. Model fit declined after adding these variables ($\chi^2 = 53.79, df = 20, p < .001$, RMSEA = 0.1, and CFI = 0.91, $\chi^2$ diff (2) = 14.08, $p < .001$), and neither bullying prevention program nor grade level significantly predicted physical, verbal, or relational victimization. As a result, these variables were not included in the final model (Table 6).

**Discussion**

The findings of this research study contribute to our understanding of the relationships among wearing a religious head covering, being perceived as a foreigner, bullying victimization, and mental health outcomes of Sikh American Adolescents. This
is the first study examining the relationship among all those factors among Sikh American adolescents, an understudied but high risk (in terms of victimization) Asian American subgroup. We found that an alarming number of (76.2%) the Sikh American adolescents experienced some type of victimization during the school year, and 28.7% experience frequent victimization (defined as more than once per month). This prevalence of bullying is much higher than what is commonly reported in national data (about 28%, e.g., Robers et al., 2013), highlighting the urgency for bullying research and bullying prevention efforts among this group of adolescents. Surprisingly, we found that having a bullying prevention program at school did not decrease Sikh American adolescents’ risk of victimization, which highlights the importance of culturally relevant bullying prevention programs for this group of youth. In addition, our findings add to the literature base regarding the relationship among being perceived as a foreigner and other variables of interest (e.g., wearing a religious head covering and victimization and mental health outcomes). The final model suggested that being perceived as a foreigner mediated the relationship between wearing a religious head covering and all three types of victimization. Additionally, victimization mediated the relationship between being perceived as a foreigner and mental health outcomes (i.e., self-esteem, anxiety, and depression).

**Head Covering and Victimization**

It was hypothesized that the presence of an overt ethnic signifier (wearing a head covering), gender, and school racial diversity would significantly predict physical, verbal, and relational victimization. Initial path analysis result suggested that wearing a religious
head covering did not predict physical, verbal, or relational victimization when adolescent gender and racial diversity of the school were controlled. However, an independent samples t-test showed that there was a significant difference in verbal victimization (but not physical or relational victimization) for students who did wear a religious head covering ($M = 3.08$, $SD = 2.67$) and students who did not wear a religious head covering ($M = 2.22$, $SD = 2.54$); $t(200) = -2.34$, $p = .02$. T-test result indicated that wearing a religious head covering related to verbal victimization when other types of victimization, gender and school racial diversity were not controlled. Specifically, those who wore a religious head covering reported higher levels of verbal victimization. The results were different depending whether gender was controlled possibly because there is a high correlation between gender and head covering ($r = .47$, $p < .01$). In addition, different types of victimization were highly correlated (ranging from .66 to .88) in our study, which also explains why t-test results and the results from path analyses when considering all three types of victimization were different. Previous research studies have indicated that Sikhs who wear religious head coverings (i.e., turbans) reported high levels of bullying victimization (“Civil Rights Report,” 2010, “Making Our Voices,” 2008). Our results provided some support for this.

**Relationship among Head Covering, “Being Perceived as Foreigner,” and Victimization**

It was hypothesized that wearing a religious head covering would predict participants’ perceptions of being stereotyped as a foreigner. This hypothesis was confirmed. Wearing a religious head covering did predict being perceived as a foreigner.
This finding is consistent with previous studies that have examined Sikh Americans and their perceptions of being perceived as not American. For example, one of the themes that emerged from a study using semi-structured interviews with Sikhs was “misidentification as anti-American” (Ahluwalia & Pellettiere, 2010). Other studies have focused on Sikh American adolescents and children. One of these studies found that Sikh children reported being isolated for their head coverings (“United Sikhs,” n.d.). Similarly, another study found that about 50% of participants who reported being harassed believed it was due to their Punjabi or South Asian ethnicity, and 47% believed it was due to their head covering (“Making Our Voices,” 2008). Consistent with these findings, another study found that Sikh students reported that they were often called “Bin Laden,” “terrorist,” or were told to “go back to their country” (“Go Home Terrorist,” 2014). Additionally, in a fourth study, Sikh adolescents reported that they “came to realize they were perceived as the ‘suspect’ and ‘dangerous other’ due to their physical appearance” (Verma, 2006, p. 96). These findings, along with the current finding that wearing a religious head covering predicted being perceived as a foreigner, emphasize the importance of changing the school racial climate and finding ways to help Sikh adolescents feel as though they are perceived as a part of American society, rather than as foreigners.

Further, results showed that being perceived as a foreigner mediated the relationship between wearing a religious head covering and physical, verbal, and relational victimization. To our knowledge, our study is the first to examine this mediation relationship. Previous research has suggested that Sikh American adolescents
report high levels of victimization, likely due to them wearing a religious head covering. Although previous studies examining all of these relationships were not found, the finding that being perceived as a foreigner predicted verbal and relational victimization is consistent with previous research that suggested that the perpetual foreigner stereotype is linked to acts of discrimination for Asian Americans (Cheryan & Monin, 2005; Liang, Lee, & Kim, 2004). Results of this study suggest that it is important to target peers’ perceptions of Sikh adolescents as foreigners because of their religious head coverings as a means of bullying prevention.

Victimization and Mental Health Symptoms

It was hypothesized that physical, verbal, and relational victimization would predict lower self-esteem, more depressive symptoms, and more anxiety related to perceptions of school safety. When only physical victimization, verbal victimization, relational victimization, and self-esteem, depressive symptoms, and anxiety were examined in the path analysis without other variables (e.g., head covering, being perceived as a foreigner), parts of the hypothesis were supported by the data. Physical victimization predicted more anxiety, and relational victimization predicted lower self-esteem, more depressive symptoms, and more anxiety. These findings are consistent with previous research studies that found that victimization is associated with higher levels of anxiety and depressive symptoms (Brennan & Graham, 2013; Priest et al., 2014). They also add support to previous research that found that the victimization is associated with more depressive symptoms and lower self-esteem among Asian American adolescents (Grossman & Liang, 2008; Juang & Cookston, 2009; Shin et al., 2011; Huynh & Fuligi,
Unlike what was hypothesized in the current study, physical victimization did not predict lower self-esteem or depressive symptoms, and verbal victimization did not predict lower self-esteem, more depressive symptoms, or more anxiety, possibly because three types of victimization were highly correlated ranging from .42 to .88. Few studies have examined the relationship between different types of victimization and different mental health outcomes simultaneously. The current study adds to the current literature base in that it distinguishes between different types of victimization (i.e., physical, verbal, and relational) and their relationships with mental health outcomes.

The current study also explored whether victimization mediated the relationship between being perceived as a foreigner and mental health outcomes. Results suggested that victimization mediated the relationship between being perceived as a foreigner and self-esteem, depression, and anxiety. This furthers previous research that found that the perpetual foreigner stereotype was related to discriminatory victimization experiences, which increased the risk of depressive symptoms for Asian American male adolescents (Kim et al., 2011). Additionally, results of the current study suggested that being perceived as a foreigner predicted lower self-esteem, more depressive symptoms, and more anxiety. These findings are consistent with previous studies conducted by Huynh, Devos, and Smalarz (2011) that examined the relationship among being perceived as a foreigner, perceived discrimination, and psychological adjustment. Previous researchers found that awareness of the perpetual foreigner stereotype significantly predicted identity conflict and a lower sense of belonging to American culture, after controlling for perceived discrimination. They also found that awareness of the perpetual foreigner
stereotype significantly predicted lower hope and life satisfaction for Asian Americans (Huynh et al., 2011). Huynh and colleagues, in their discussion, said that “it can be argued that if effects of the perpetual foreigner stereotype can be seen among a well-educated, successful population of individuals, the phenomenon may be more magnified in other sub-sets of the American population” (Huynh et al., 2011). This may be true for the current study. The previous studies also found that Asian Americans who “perceive that they are not seen as Americans by others report experiencing greater tension between their ethnic and national identities,” (Huynh et al., 2011), which may also be true for the adolescents in the current study. Overall, the current study confirms some of the findings of the previous work (e.g., Huynh et al., 2011) suggesting a link between awareness of the perpetual foreigner stereotype and negative mental health outcomes, but also furthers it by highlighting the relationship among wearing a religious head covering, being perceived as a foreigner, and bullying victimization.

**Gender Differences**

We found that gender predicted verbal victimization when mental health outcomes were not considered (Research Question 1). However, gender differences in both physical and verbal victimization were identified in the final model when mental health outcomes were considered (Figure 7) as well as in the correlation analysis. Specifically, male participants reported higher levels of verbal and physical victimization. Previous research on gender differences in victimization and discrimination among adolescents has shown mixed results. A study using multi-level analyses with data collected through the Educational Longitudinal Study of 2002 indicated that Asian
American immigrant females were relatively more likely to endure victimization in schools than Asian American immigrant males. In this study, victimization was measured by four questions: (1) someone threatened me, (2) someone bullied me or picked on me, (3) someone hit me, and (4) someone used strong-arm or forceful methods to get money or things from me (Koo et al., 2012). However, other studies have found that males report higher levels of discrimination than females. One study found that boys reported more discrimination than girls, possibly due to them being perceived as more threatening than girls (Alvarez et al., 2006). Another recent study had similar findings, reporting that Asian males reported more discrimination than females (Wang & Atwal, 2014). The current findings are consistent with these studies (Alvarez et al., 2006; Wang & Atwal, 2014). Previous research has suggested that Asian American males may be at higher risk for discrimination, because they may have characteristics that are the opposite of the preferred characteristics for males in the US culture (e.g., physically smaller) (Qin et al., 2008). In the current study, this gender difference in verbal and physical victimization may be related to the fact many of the male participants in this study wore religious head coverings ($r = .47, p < .01$), and an independent samples t-test showed that students who did wear a religious head covering experienced more verbal victimization than students who did not wear a religious head covering, $t(200) = -2.34, p = .02$. Because boys in our sample experienced more victimization than girls, and boys were more likely to wear a religious head covering, which contributed to them being perceived as a foreigner, which then contributed to negative mental health outcomes, specific bullying prevention and
intervention programs should be designed to help Sikh adolescent boys who face unique challenges in terms of bullying and mental health outcomes.

**Racial Diversity**

School racial diversity, defined as the percentage of students that were Asian in the participant’s school, did not predict physical, verbal, or relational victimization. It was hypothesized that students that attended schools in which they were a minority (Asian students made up a small percentage of the total population) would report more bullying victimization. This hypothesis was not supported by the data. This suggests that Sikh American adolescents experienced bullying, regardless of whether they were part of the minority or majority at their school. This finding is consistent with a previous research study suggesting school climate, instead of school racial diversity predicted students’ experience with victimization (Wang & Atwal, 2014). Additionally, when examining the relationships among immigrant school composition, peer violence, and classmate support among 51, 636 adolescents, Walsh and colleagues (2016) found that it was classroom support, rather than immigrant school composition, that influenced peer violence (Walsh et al., 2016). Mehari and Farrell (2013) similarly found that adolescents in the minority group at their school were not more frequently victims of peer victimization than adolescents in the majority group (Mehari & Farrell, 2013). The findings of these studies highlight the importance of creating school-based intervention programs that focuses on creating positive school climate, regardless of school racial composition.
Implications

Overall, this study found that bullying victimization is prevalent and severe problem for Sikh American adolescents which leads to negative mental health outcomes for these students. These findings have implications for bullying prevention, multi-tiered systems of support (MTSS), and social justice in schools. Further, they have implications for school psychologists who are mental health providers in schools and are often involved in the implementation of bullying prevention programs.

School climate and bullying prevention. This study indicated that “being perceived as a foreigner” predicted higher levels of victimization, and that “being perceived as a foreigner” mediated the relationship between wearing a religious head covering and victimization. Sikh adolescents who wore religious head coverings reported higher levels of victimization. Further, victimization levels did not vary as a result of school racial diversity. In other words, there was no significant difference in victimization levels regardless of whether the participant attended a school in which Asian students comprised a majority or minority of the student population. These findings highlight the importance of helping students feel a sense of belonging (e.g., they are not being perceived as foreigners) at school, regardless of the racial composition of the student population. One way to accomplish this is by improving school climate to promote more inclusive school environments. Positive school climate has been found to protect students from victimization (Connell, Sayed, Gonzalez, & Schell-Busey, 2015), and negative school climate has been found to predict discrimination (Wang & Atwal, 2015). School climate can be improved through the implementation of multi-tiered
systems of support, specifically PBIS. PBIS is a multi-tiered system of support (MTSS) that incorporates screening of emotional and behavioral problems, intervening, and progress monitoring (McConaughy & Ritter, 2008). Tier 1 services are primary prevention efforts that are intended to reach approximately 80% of the student body (Sugai & Horner, 2006). Primary prevention efforts within a PBIS framework include establishing and teaching school-wide behavioral expectations (e.g., treating every one with respect regardless of their cultural and religious background or appearance, such as wearing a religious head covering), positively reinforcing appropriate behavior, and assessing the fidelity with which supports are being implemented. Tier 2 and Tier 3 levels of services are provided to students who do not respond to Tier 1 services. A positive school climate is a necessary part of bullying prevention efforts, as it is negatively associated with bullying behavior (Wang, Berry, & Swearer, 2013).

Improving school climate can decrease student’s feeling of being perceived as a foreigner, and it can support bullying prevention efforts. Results of this study indicated that the Sikh adolescents reported higher levels of bullying victimization than national prevalence rates, and highlighted the importance of bullying prevention efforts for Sikh adolescents. Sikh adolescents are among several different groups of students who have been identified as being at an increased risk for bullying victimization. Several evidence based bully prevention programs are available, and these bullying prevention programs can effectively be implemented within an existing school-wide PBIS system. In fact, bully prevention programs that are embedded within an existing school system are easier to sustain and need fewer resources to implement (Ross, Horner, & Stiller, 2008).
Further, imbedding a bullying prevention program into preexisting PBIS systems has been shown to decrease office discipline referrals by 41%, and positively affect both problem behaviors overall and bullying behaviors specifically (Good, McIntosh, & Gietz, 2011). Incorporating bullying prevention programs into PBIS systems involved “teaching students different techniques that they could use when witnessing or being a victim of bullying, ensuring that all students and school staff were using the program appropriately, and regularly evaluating the effectiveness of the program” (Good, McIntosh, & Gietz, 2011, pp. 55). Although a few bullying prevention programs are available, the results of the current study indicated that more culturally specific bullying intervention programs are needed. We found that having a bullying prevention program did not impact Sikh students experience with victimization, highlighting the importance of using culturally responsive bullying prevention programs. Our results also suggested that it is important, as a means of bullying prevention, to target peers’ perceptions of Sikh adolescents as foreigners due to their religious head coverings. We also found that victimization predicted negative mental health outcomes for Sikh adolescents, so it is important to consider bullying prevention and mental health promotion together. One way to accomplish this is through the implementation of integrated MTSS.

**Integrated models of MTSS.** Along with the findings related to the victimization of Sikh adolescents, this study not only found that being perceived as a foreigner predicted negative mental health outcomes (i.e., lower self-esteem, more anxiety, and more depressive symptoms), but also that this relationship was mediated by victimization. So, being perceived as a foreigner predicted victimization, which predicted
lower self-esteem, more depressive symptoms, and more anxiety. These findings highlight the importance of not only targeting bullying issues, but also targeting mental health concerns in schools. One way to do this is through the implementation of integrated models of MTSS. These integrated models can be used to prevent and target students’ negative mental health symptoms (e.g., anxiety, depressive symptoms, and low self-esteem), while simultaneously focusing on academic and behavioral issues. Two frameworks of integrated models of MTSS are: the comprehensive, integrated, three-tiered (CI3T) model and The Interconnected Systems Framework (ISF). The CI3T model suggests the integration of academic (e.g., RTI), behavioral (e.g., PBIS), and social (e.g., social skills or character development curricula) components, to better understand and target students’ multiple needs (Lane, Kalberg, & Menzies, 2009). ISF is a framework that incorporates both PBIS and School Mental Health (SMH) systems, to improve the effects of each system and in turn improve outcomes for students, especially those who are at risk of mental health and/or behavioral challenges (Barrett, Eber, & Weist, 2013). Both the CI3T model and ISF framework allow for schools to target multiple needs of students. Due to the alarming rates of victimization Sikh adolescents experienced and the negative mental health consequences associated with bullying, Sikh adolescents can benefit from integrated MTSS systems, as they can help improve school climate, reduce bullying behaviors, and target students’ negative mental health outcomes simultaneously.

**Social justice and implications for school psychologists.** In Education, social justice is associated with the “idea that all individuals and groups must be treated with fairness and respect and that all are entitled to the resources and benefits that the school
has to offer” (Shriberg, Wynne, Briggs, Bartucci, & Lombardo, 2011, pp. 38). Issues regarding social justice, and injustice, have permeated schools throughout history; however, it is a relatively new topic in the field of school psychology. Shriberg and colleagues (2011) conducted an exploratory study, using a Delphi approach, to examine school psychologists’ opinions on social justice. Participants were 214 members of the National Association of School Psychologists (NASP). Participants were administered the social justice in school psychology (SJSP) survey items, that included questions regarding how social justice is defined, what aspects should be prioritized, and how to apply social justice in the field. Their goals were to obtain participants’ perspectives on: “the definition of social justice; the importance of the construct of social justice to school psychology research, practice, NASP, and continuing education; the relevance of institutional power as a key topic area in school psychology and social justice; what school psychologists must know and practice in order to engage in applied social justice; and the relative importance of barriers and supports related to promoting and implementing socially just school psychology practices” (Shriberg et al., 2011, pp. 38). In terms of what components contribute to the definition of social justice, participants rated “ensuring the protection of educational rights and opportunities and promoting nondiscriminatory practice” as significantly more critical than other items. As stated previously, the prevalence rates of bullying victimization in this study were much higher than national prevalence rates, suggesting that Sikh adolescents are at increased risk for bullying victimization. This can be seen to be a social justice issue, and school psychologists should help to promote socially just practices for these students. One way
of doing this is for school psychologists to promote fairness and justice, and advocate for the needs of Sikh adolescents. In fact, NASP’s Principles for Professional Ethics, specifies in Ethics Principle 1.3 that school psychologists should “use their expertise to cultivate school climates that are safe and welcoming to all persons regardless of actual or perceived characteristics, including race, ethnicity, color, religion, ancestry, national origin, immigration status, socioeconomic status, primary language, gender, sexual orientation, gender identity, gender expression, disability, or any other distinguishing characteristics” (NASP, 2010, p. 5-6). One way that school psychologists can do this for Sikh adolescents is by taking actions against the bullying of these students. They can do this by aiding in the implementation of integrated MTSS, and ensuring that these systems are culturally sensitive and that they are culturally competent in their practice (e.g., incorporate individual cultural differences in interventions).

NASP has made a commitment to culturally competent practice. Culture is defined as an “integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting and roles, relationships and expected behaviors of a racial, ethnic, religious or social” (Culture, n.d.), and cultural competence is defined as “the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes” (Davis, 1997). The importance of culturally competent practice in schools lies in the increasing diversity of the populations of students throughout schools in America. In order to benefit students
from diverse backgrounds, NASP has made a commitment to “promote inclusive educational environments that respect and respond to differences in race, culture ethnicity, and language” (“NASP’s Commitment,” n.d., para. 1). Through this commitment, NASP is focusing on improving the cultural competency of school psychologists to “ensure that consultation, intervention, and assessments are appropriately designed to meet student, staff, and parental needs” (“NASP’s Commitment,” n.d., para. 1). To enhance their cultural competence, school psychologists can explore their own cultures, beliefs, and values, increase their cultural literacy, engage in conversations with colleagues, and learn more about students’ cultures through the students and their families (Jones, 2014).

To promote inclusive educational environments for Sikh adolescents, school psychologists should promote diversity and wide acceptance of individual differences (e.g., wearing a religious head covering, cultural interests, and religious practice). School psychologists can do this by celebrating cultural and religious group differences to promote a more inclusive school environment, facilitating discussions about the acceptance of individual and cultural differences, and inviting parents and community members to speak about and celebrate cultural differences (e.g., religious dress, cultural traditions, and music). Some resources to facilitate these activities are available online. For example, The Sikh Coalition, a non-profit organization, provides free resources on their website for educators to use in their schools to promote awareness of Sikhs. Resources such as PowerPoint presentations, worksheets, and videos focused on teaching about Sikhs are available for Elementary, Middle, and High school staff members.
School districts are also encouraged to contact the Sikh Coalition, and request that a presentation from Sikh Coalition at their school. In terms of specific steps that schools can take to prevent and respond to the bullying of Sikh adolescents, the Sikh Coalition suggests: creating a systematic approach to address bullying, educating students and staff about Sikhism, education Sikh parents about their rights and responsibilities, and encouraging students to report bullying (“Who are Sikhs?”, n.d.).

In addition to these practices, school psychologists should challenge the perpetual foreigner stereotype in order to prevent bullying and promote positive mental health outcomes among minority adolescents, and they should teach Sikh adolescents self-advocacy and problem solving skills to help them navigate problem situations and cope with bullying victimization. Finally, when targeting bullying and aiding in the implementation of MTSS, school psychologists should consider ecological factors associated with bullying. These factors should then be tied into the development and implementation of bullying prevention programs. This is important, because the current study indicated that the existence of bullying prevention programs did not affect participants’ reports of victimization, suggesting that the bullying prevention programs at these participants’ schools were ineffective at preventing Sikh adolescents’ experience with victimization. This finding was consistent with some previous research suggesting that generic bullying prevention programs are likely to fail to meet minority students’ needs (Hong et al., 2014), which speaks to the need for culturally responsive and
sensitive bullying prevention programs that take into consideration Sikh American adolescents’ unique needs and challenges.

**Limitations**

Several limitations of this research study should be considered in its interpretation. First of all, the use of non-random sampling in this study is a limitation. Randomization in studies is important to help prevent sample biases. Non-random sampling can be appropriate in cross-cultural research studies when the participant population is well defined (Brislin & Baumgardner, 1971). In the current research study, the researcher was interested in a specific population of adolescents and their experiences with bullying victimization. In this case, the non-random sampling that prevented the findings to be generalized to other populations of adolescents was appropriate for the intended purpose of this study. Although that is true, the sample of participants in this study was not a random sample from the Sikh community. Participants were recruited from six *Gurdwaras* that the researcher attended on data collection days. The *Gurdwaras* were chosen, because they are generally known to have larger numbers of people in attendance. This convenience sample prevented a truly random sample from being obtained. Additionally, although the researcher tried to ensure that all eligible adolescents who were in attendance at each *Gurdwara* completed the study, there is no way of truly knowing that every eligible participant did participate. The *Gurdwaras* where data collection occurred are in different parts of California, which also may have affected the results, as it is possible that socioeconomic differences amongst participants may have affected results. Secondly, all data gathered were from student self-reports. Although
self-report data are commonly used in empirical studies, there are been research indicating that “there are severe threats to its validity which serve to weaken the intended substantive inferences to be drawn from such data” (Chan in Lance & Vanderburg, 2010, pp. 309). A main issue associated with self-report measures is the problem of common method variance. Campbell and Fiske (1959) suggested that, “because of common method variance, the observed correlation is allegedly an artificial inflation with respect to the true magnitude of the interconstruct relationship” (Chan in Lance & Vanderburg, 2010, pp. 312). Although this is true, various studies have “found trivial or no impact of method effects in self-report data and showed no evidence of broad effects of common method variance” (Chan in Lance & Vanderburg, 2010, pp. 312). Overall, “there is no strong evidence to lead us to conclude that self-report data are inherently flawed or that their use will always impede our ability to meaningfully interpret correlations or other parameter estimates obtained from the data,” and that “there are situations in which the use of self-report data appears to be appropriate and perhaps sometimes most appropriate” (Chan in Lance & Vanderburg, 2010, pp. 330). Self-report measurement appears to be appropriate for the current study, but further studies should consider collecting data from other informants. A final limitation is that this study is a cross-sectional design. Threats to internal validity associated with cross sectional design studies include: history and maturation because control groups are nonequivalent, cohort effects because participants are grouped based on their age, and possible heterogeneous attrition because participants are only observed one time (Privitera, 2013). Although this is true, “observing participants one time eliminates many threats to internal validity associated
with observing participants over time. Factors such as attrition, testing effects, and regression toward the mean are typically not a concern when participants are observed only one time” (Privitera, 2013, pp. 276). Third, the analyses conducted are correlational in nature. Correlational studies limit the conclusions that can be made in terms of cause and effect relationships. SEM tests the relationships among variables, it does not allow for inferences of causality. When reading the current study, and interpreting its findings, readers should be aware of these limitations.

**Future Directions**

The current study only included participants who identified themselves as Sikh, and were between the ages of 12 and 18. Future studies regarding bullying victimization of Sikh adolescents should also include younger students. Bullying victimization is not specific to adolescents, and should be explored in younger populations also. Additionally, the majority of participants in this study were recruited at the *Gurdwara* (Sikh temple). Future studies should recruit Sikh adolescents who may have a weaker connection with religious entities, because that may affect their identity, social support, or coping skills. It is possible that Sikh adolescents who endure bullying victimization, but have fewer coping skills, may be more likely to suffer negative mental health outcomes. Overall, future studies should try to collect data from a more diverse population within the Sikh community. For example, data could be collected at dance competitions or schools from Sikh adolescents who are not so closely associated with *Gurdwaras*. In addition, future studies should use longitudinal design to examine the relationship between being
perceived as a foreigner, victimization, and mental health outcomes in order to better understand those relationships over time.
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The Sikh Coalition. (2010). *Sikh coalition bay area civil rights report.*

The Sikh Coalition. (2014). “*Go home terrorist” a report on bullying against Sikh American school children.*


Table 1

*Participant Information for Data Collection Locations*

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<tr>
<th>Location</th>
<th>Number of Female Participants</th>
<th>Number of Male Participants</th>
<th>Total Participants</th>
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</tr>
<tr>
<td>Gurdwara 2</td>
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<tr>
<td>Gurdwara 3</td>
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</tr>
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Table 2

*Rate of Missing Data for Each Variable*

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<th>Percentage Missing</th>
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</tr>
<tr>
<td>Verbal victimization</td>
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<td>0</td>
</tr>
<tr>
<td>Relational victimization</td>
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<td>0</td>
</tr>
<tr>
<td>Self-esteem</td>
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<tr>
<td>Depression</td>
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<tr>
<td>Anxiety</td>
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<td>0</td>
</tr>
<tr>
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<tr>
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<tr>
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Table 3

*Shapiro-Wilk Test Statistic to Assess Normality*

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<td>.000</td>
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### Table 4

**Pearson’s $r$ Correlations between Continuous Variables of Interest**

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<th></th>
<th>Total Victimization</th>
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<th>Verbal Victimization</th>
<th>Relational Victimization</th>
<th>Self-Esteem</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Foreign</th>
<th>Racial Diversity</th>
</tr>
</thead>
<tbody>
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<td>Total Victimization</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
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</tr>
<tr>
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<tr>
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<td>.42**</td>
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<td>______</td>
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<tr>
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<td>.84**</td>
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<td>.61**</td>
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<td>Self-Esteem</td>
<td>-.27**</td>
<td>-.22**</td>
<td>-.17*</td>
<td>-.30**</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Depression</td>
<td>.33**</td>
<td>.26**</td>
<td>.27**</td>
<td>.33**</td>
<td>-.49**</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Anxiety</td>
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<td>.49**</td>
<td>.41**</td>
<td>.47**</td>
<td>-.34**</td>
<td>.53**</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Foreign</td>
<td>-.26**</td>
<td>-.14*</td>
<td>-.21**</td>
<td>-.25**</td>
<td>.25**</td>
<td>-.28**</td>
<td>-.43**</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Racial Diversity</td>
<td>-.05</td>
<td>-.07</td>
<td>-.07</td>
<td>-.09</td>
<td>-.14*</td>
<td>-.11</td>
<td>-.02</td>
<td>.02</td>
<td>______</td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>5.63 (6.22)</td>
<td>.36 (2.66)</td>
<td>2.66 (1.41)</td>
<td>1.41 (2.09)</td>
<td>21.79 (4.86)</td>
<td>8.56 (10.84)</td>
<td>5.73 (9.28)</td>
<td>31.95 (7.76)</td>
<td>24.01 (19.81)</td>
</tr>
</tbody>
</table>

*p < .05 level. **p < .01 level.
Table 5

**Point-Biserial Correlations Between Continuous and Dichotomous Variables**

<table>
<thead>
<tr>
<th></th>
<th>Head Covering</th>
<th>Gender</th>
<th>Bullying Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Victimization</td>
<td>.13</td>
<td>.13</td>
<td>-.05</td>
</tr>
<tr>
<td>Physical Victimization</td>
<td>.09</td>
<td>.15*</td>
<td>-.07</td>
</tr>
<tr>
<td>Verbal Victimization</td>
<td>.16*</td>
<td>.24**</td>
<td>-.05</td>
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<tr>
<td>Relational Victimization</td>
<td>.05</td>
<td>-.03</td>
<td>-.00</td>
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<tr>
<td>Self-Esteem</td>
<td>.07</td>
<td>.20**</td>
<td>.12</td>
</tr>
<tr>
<td>Depression</td>
<td>.04</td>
<td>-.07</td>
<td>.03</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.13</td>
<td>.09</td>
<td>.13</td>
</tr>
<tr>
<td>Foreign</td>
<td>-.21**</td>
<td>-.16*</td>
<td>.11</td>
</tr>
<tr>
<td>Head Covering</td>
<td></td>
<td>.47**</td>
<td>-.12</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td>-.01</td>
</tr>
<tr>
<td>Racial Diversity</td>
<td>-.07</td>
<td>-.04</td>
<td>-.14</td>
</tr>
<tr>
<td>Grade</td>
<td>-.09</td>
<td>.00</td>
<td>.01</td>
</tr>
<tr>
<td>Bullying Program</td>
<td>-.12</td>
<td>-.01</td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>.50 (.50)</td>
<td>.53 (.50)</td>
<td>.73 (.44)</td>
</tr>
</tbody>
</table>

*p < .05 level. **p < .01 level. Head covering, gender, and bullying program are dichotomous variables.
<table>
<thead>
<tr>
<th>Decision</th>
<th>Add foreigner to mental health outcomes</th>
<th>Add gender to self-esteem and depressive symptoms (Figure 6_Final model)</th>
<th>Add gender to anxiety</th>
<th>Add two alternative variables (grade and bullying program)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original model (Figure 1)</td>
<td>63.47</td>
<td>14</td>
<td>0.13</td>
<td>0.88</td>
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<tr>
<td>Add foreigner to mental health outcomes</td>
<td>30.22</td>
<td>11</td>
<td>0.09</td>
<td>0.95</td>
</tr>
<tr>
<td>Add gender to self-esteem and depressive symptoms (Figure 6_Final model)</td>
<td>16.14</td>
<td>9</td>
<td>0.06</td>
<td>0.98</td>
</tr>
<tr>
<td>Add gender to anxiety</td>
<td>15.78</td>
<td>8</td>
<td>0.07</td>
<td>0.98</td>
</tr>
<tr>
<td>Add two alternative variables (grade and bullying program)</td>
<td>53.79</td>
<td>20</td>
<td>0.1</td>
<td>0.91</td>
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</tbody>
</table>
Figure 1. Theoretical model to be tested that examines the relationships among head covering, gender, school racial diversity, “being perceived as a foreigner,” victimization, and mental health outcomes.
Figure 2. Research question 1 examined the part of the model that is superimposed with a rectangle.
Figure 3. Research question 1 results. * p<.05
Figure 4. Research question 2 examined the part of the model that is superimposed with a rectangle.
Figure 5. Research question 2 results. * p<.05
Figure 6. Final model showing results for research question 4 and all variables considered in research questions 1-3, * p<.05