The Potential Impact of Violent Victimization on Somatic Symptoms Among Asian American Adolescents: A National Longitudinal Study

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This study explored the mental health repercussions among Asian American adolescents following experiences of violent victimization. Utilizing a subsample of Asian American adolescents from Waves I and II of the National Longitudinal Study of Adolescent Health (Add Health), this study examined the relationship between violent victimization and somatic symptoms one year later, as well as moderators of this relationship. Results from a hierarchical multiple regression analysis showed that emotional bonds with fathers were negatively related to somatic symptoms. In addition, instrumental bonds with mothers weakened the link between violent victimization and somatic symptoms. The practical implications of these results for addressing the psychosocial needs of Asian American adolescents were discussed.

Keywords: Asian American, adolescents, acculturation, victimization, somatic symptoms

Asian Americans are frequently stereotyped as the “model minority,” a group of high achieving, academically and financially successful people (Kao, 1995; Leong & Okazaki, 2009; Oyserman & Sakamoto, 1997). Unfortunately, this stereotype overshadows the challenges that many Asian American adolescents incur. Several studies have shown that Asian American adolescents experience more race-related discrimination than peers of other ethnicities (Fisher, Wallace, & Fenton, 2000; Greene, Way, & Pahl, 2006; Rosenbloom & Way, 2004). Peguero (2009) found that first and second generation Asian American youth were more likely than Latino youth to be threatened, bullied, or have had someone use physical violence against them in school. Hishinuma et al. (2005) found that among a sample of over 5,000 Asian/Pacific Islander adolescents in Hawaii, 3.33% of them reported being victimized sometime in the past six months, 6.97% reported that a family member had been victimized in the previous six months, and 10.75% reported that they had a friend who had been victimized in that time frame. Among 80 Southeast Asian American adolescents residing in a metropolitan area in Colorado, Ho (2008) found that 43.7% reported being victimized through violent means such as being beaten up, shot, or sexually assaulted at least once during their life. More information is needed about the mental health repercussions of Asian American adolescents’ experiences of victimization. Therefore, the purpose of this study was to examine the impact of Asian American adolescents’ experiences of violent victimization on somatic symptoms, as well as possible protective and risk factors that moderate this relationship.

Victimization

The term “victimization” is used to refer to a broad spectrum of experiences with varying degrees of severity. It can refer to being the recipient of minor verbal or physical harassment, such as peer harassment or social exclusion (Elias & Zins, 2003), or violent experiences, such as being beaten up, shot, or stabbed (Guterman, Hahm, & Cameron, 2002; Ho, 2008). Regardless of the type, research has repeatedly demonstrated the detrimental psycho-
logical repercussions following experiences of victimization, particularly among adolescents.

The effects of victimization on mental health can be detrimental and enduring. Studies have shown that exposure to violence and experiences of victimization are linked with psychological trauma symptoms, including depression, anxiety, anger, and dissociation (Becker-Blease, Turner, & Finkelhor, 2010; Flannery, Singer, & Wester, 2001; Flannery, Wester, & Singer, 2004; Guterman et al., 2002; Sourander, Helenius, & Piha, 2000; Turner, Finkelhor, & Ormrod, 2006). The formative nature of adolescence, a period when coping skills are still developing, puts youth at greater risk for mental health repercussions, which can affect their transition to adulthood and may result in lifelong psychiatric disorders, including depression (Brooks, Harris, Thrall, & Woods, 2002; Elias & Zins, 2003; Macmillan, 2001; Macmillan & Hagan, 2004).

Although research has elucidated the need to study the impact of adolescents’ experiences of victimization on mental health, the body of literature exploring Asian American experiences is still quite limited. One type of victimization that has been given more attention is discrimination. Fisher et al. (2000) found that Asian Americans’ experiences of peer discrimination were related to lower levels of self-esteem. Grossman and Liang (2008) found that, among Chinese American adolescents, increased levels of discrimination were associated with increased depression. Benner and Kim (2009) found that highly acculturated Asian American adolescents who experienced more discrimination reported higher rates of alienation, lower school involvement, and lower academic performance than those who were less acculturated and experienced lower levels of discrimination.

Although greater empirical attention has been given to Asian American adolescents’ experiences of discrimination, several studies have examined the impact of violence and violent victimization among Asian American adolescents. Ozer and McDonald (2006) showed that when Chinese American adolescents were exposed to more violence, they experienced more PTSD and depressive symptoms. A recent study found that Asian American youth who experienced violent victimization were more likely to report suicide ideation (Else, Goebert, Bell, Carlton & Fukuda, 2009). Finally, Ho (2008) demonstrated that Southeast Asian American adolescents’ experiences of violent victimization were associated with increased internalizing symptoms.

In light of these negative consequences, victimization can be framed within the context of the developmental–systemic theory (Cairns, 1979; Ford & Lerner, 1992; Magnuson, 1988), which posits the consideration of both developmental and systemic factors when considering adolescent challenges. Pepler (2006) proposed the application of this theory to understanding bullying. Similarly, this dual-dimensional perspective can provide both the developmental and social context to better understand the individual’s experiences of victimization. Through a developmental lens, the individual’s variability, such as varying onset of puberty and maturation rates, behavior, emotion regulation, and cognitive processes, can be taken into account. This variability suggests that some adolescents have coping mechanisms, which can prevent serious mental health repercussions; however, others may develop them later, which could exacerbate the impact of negative experiences, such as victimization. The second dimension of this theory is the systemic framework, which considers the adolescent’s social context. This can include factors such as family, peers, community, and culture, and may contribute to an individual’s healthy or maladaptive interpersonal style (Pepler, 2006). Similar to developmental factors, systemic elements may serve as protective or risk factors in adolescents’ experiences of victimization. In light of this theory, this study examined family bonds and acculturation as a systemic factor and a developmental factor, respectively. Specifically, we tested whether these two factors moderated the link between violent victimization and mental health outcomes.

**Family Bonds**

Familial relationships are highly valued in many Asian cultures (Kim, Atkinson, & Umemoto, 2001). Asian cultural values promote the greater good of the family over an individual’s desires, and individuals’ roles are often defined in the context of the family or community (Uba, 1994). Studies have shown
that Asian American adolescents tend to demonstrate a strong allegiance to the family, and the family provides a network of support (Chao & Tseng, 2002; DeBaryshe, Yuen, & Stern, 2001). Close identification and amount of time spent with family may serve as protective factors to help adolescents cope with challenges. (Yee, DeBaryshe, Yuen, Kim, & McCubbin, 2007).

Previous research has demonstrated that family variables are associated with at-risk behaviors, as well as emotional distress among Asian American adolescents (Kim, Wong, & Maffini, 2010). For instance, in a longitudinal study, Willgerodt (2008) found that, among Filipino, Chinese, and White American adolescents, family bonds were associated with reduced emotional distress and reduced participation in risky behaviors. Another important component of the parent–adolescent relationship is the time spent participating in activities together, which can be referred to as instrumental bonds (Willgerodt, 2008). Shared activities deter participation in risky behaviors and promote a forum for communication, connection, and development of family cohesion (Resnick et al., 1997). Although previous research points to the value of emotional and instrumental family bonds in protecting adolescents from negative experiences, to date, we are unaware of any study that has examined the potential role of family bonds in moderating the link between violent victimization and mental health outcomes among Asian American adolescents.

Acculturation

Acculturation is the process by which members of a minority cultural group adapt to the norms and values of the dominant culture (B. S. K. Kim, 2007). There are mixed findings regarding the protective or detrimental role of acculturation in Asian American adolescents. Peguero (2009) found that first and second generations of Asian Americans were more likely to be victimized than later generations. Another recent study found that being more acculturated was a protective factor for Chinese Americans adolescents who experienced discrimination (Deng, Kim, Vaughan, & Li, 2010). Conversely, some research points to higher levels of acculturation being a risk factor. In a longitudinal study, Benner and Kim (2009) showed that acculturation enhanced the negative impact of discrimination on academic and socioemotional outcomes among Chinese American adolescents. Given the conflicting findings regarding acculturation, it is apparent that more research is needed to understand the moderating role of acculturation in experiences of victimization among Asian Americans.

Present Study

In light of this literature review, the purpose of this longitudinal study was to examine the impact of Asian American adolescents’ experiences of violent victimization on somatic symptoms, as well as examine moderators of this link. We focused on somatic symptoms because psychological distress is often expressed somatically among Asian Americans (Lin & Cheung, 1999; Yang & WonPat-Borja, 2007). Despite this conceptualization, most research examining Asian American youth has not explored the experience of somatic symptoms following negative events. Chen (2010) concluded that more culturally relevant assessments of mental health were needed when studying Asian American adolescents to convey a better understanding of their experiences.

Our first research question examined the relationship between violent victimization and somatic symptoms. Based on previous research (e.g., Else et al., 2009; Ho, 2008), our hypothesis was that increased experiences of violent victimization would predict increased subsequent experiences of somatic symptoms. Second, we hypothesized that family bonds would serve as a protective factor that would predict decreased somatic symptoms. Furthermore, we anticipated that family bonds would weaken the link between violent victimization and subsequent somatic symptoms. Third, we examined the association between acculturation and somatic symptoms, as well as the role of acculturation in moderating the link between violent victimization and somatic symptoms. Because of the conflicting research evidence on acculturation, we did not provide a specific hypothesis about whether acculturation would emerge as a risk or protective factor. In addressing each of these research questions, we controlled for
the effects of sex and previous experiences of somatic symptoms.

Method

Participants

The sample for this study is a subset of a larger dataset, the National Longitudinal Study of Adolescent Health (Add Health), specifically from the first two waves of data to capture the experiences of participants during adolescence. During the 1994–1995 school year (Wave I), students from 80 high schools and 52 middle schools in Grades 7th through 12th, stratified by region across the U.S., were selected to participate in the Add Health survey. A random sample was selected to participate in both in-home and in-school interviews (Harris et al., 2003). In 1996 (Wave II), those students were sampled again using similar measures. The in-home interview contained the relevant data for this study. Although the sample includes other racial groups, the purpose of this study was to better understand the experiences of Asian Americans; therefore, those who self-identified as Asian American and participated in both waves of data collection were selected as participants for this study. The sample consisted of 749 Asian Americans who completed all the relevant items in the Wave I and Wave II surveys. The sample included Chinese Americans (n = 217), Filipino Americans (n = 318), and “other Asian Americans” (n = 214) a heterogeneous group that included Japanese (n = 43), Asian Indian (n = 18), Korean (n = 50), Vietnamese (n = 36), and “other” (n = 126). The sample was evenly divided between males (51.5%) and females. Age was assessed during the second wave of interviews in 1996. The average age was 16.66 (SD = 1.58, range = 13–22) in Wave II.

Measures

Violent victimization. Violent victimization was measured using four items found under the “Fighting and Violence” section of the Add Health questionnaire. Participants were asked how many times in the past 12 months “Someone pulled a knife or gun on you,” “Someone shot you,” “Someone cut or stabbed you,” and “You were jumped.” The options for these items were never, once, and more than once. The items were then dichotomously coded so that participants who had responded once or more than once to any of these four items received a score of 1. Participants who responded never to all four items received a score of 0.

Acculturation. Since there were no explicit questions related to acculturation in the Add Health survey, we used participants’ language use and proportion of life spent in the U.S. as proxy measures of acculturation (Hahm, Lahiff, & Guterman, 2003; Thai, Connell, & Tebes, 2010). Language was assessed through the question “What language is usually spoken in your home?” (English vs. other language). Proportion of life spent in the U.S. was measured by examining how old participants were when they immigrated to the U.S. and how old they were when they took the survey. We scaled this measure so that participants’ scores ranged from 0 (newly immigrated) to 1 (born in the U.S.). For instance, a 16-year-old participant who immigrated to the U.S. at the age of 8 received a score of 0.5.

Emotional and instrumental bonds. Family bonds were assessed through a measure of emotional bonds and a measure of instrumental bonds. Emotional bonds refer to the emotional connection between the adolescent and each parent. An example of an item is “Most of the time, your mother (father) is warm and loving toward you.” Cronbach’s alpha for the emotional bonds scale was .86 (based on 6 items) for mother, and .88 (based on 5 items) for father. Using confirmatory factor analysis, a previous Add Health study (Willgerodt, 2008) that examined Chinese and Filipino American adolescents found that the emotional bonds with mothers scale loaded strongly on a family bonds latent variable.

Instrumental bonds refer to activities that adolescents engaged in with their parents, and they were assessed through nine items for mothers and the same nine items for fathers. The question was phrased as “Which of the things listed on this card have you done with your mother/father?” with items including “gone to a movie, play, museum, concert, or sports event” and “talked about your schoolwork or grades.” Participants had the option of responding “yes” or “no” to each item. Given that this measure was intended to examine a diverse range of activities that adolescents might participate in with their parents and not to be a collection of
Somatic symptoms. Somatic symptoms were assessed through 14 items using a Likert scale of 0 to 4 in both Waves I and II. Participants were asked how many times during the past 12 months they experienced each of the symptoms. Examples of items include “How often have you had a headache?” and “How often have you had a stomach ache or an upset stomach?” The overall score was determined by averaging responses across all items. In terms of validity evidence, a previous Add Health study (Willgerodt & Thompson, 2006) found that this measure of somatic symptoms was positively related to depression, delinquency, and substance use among Chinese and Filipino American adolescents. The Cronbach’s alpha for the somatic symptoms scale for Wave I was .83 and for Wave II was .81.

Data Analysis

We used an unweighted sample in our data analysis and addressed missing data using a listwise deletion. Preliminary analyses of means, standard deviations, and intercorrelations of the main measures were conducted (see Table 1). Next, a hierarchical regression was used to examine how violent victimization, acculturation, and the family bonds measures in Wave I predicted somatic symptoms in Wave II (see Table 2). In the first step, we controlled for sex and somatic symptoms in Wave I. In the second step, the main study variables were entered: violent victimization, language, proportion of life spent in the U.S., emotional bonds with mother, emotional bonds with father, instrumental bonds with mother, and instrumental bonds with father. The third step assessed the interactions between violent victimization and the six other main variables. The predictor variables were standardized to reduce multicollinearity (Frazier, Tix, & Barron, 2004).
Results

The means, standard deviations, and intercorrelations of the main measures are presented in Table 1. Results showed that 129 (17.2%) participants reported having been victimized through violent means at least once in the past year, and 436 (58.2%) reported speaking English at home.

Results from the hierarchical regression analysis demonstrated that in the first step, the variables collectively and significantly predicted somatic symptoms (see Table 2). Sex was significantly related to somatic symptoms, with girls more likely to report somatic symptoms than boys. In addition, Wave I somatic symptoms significantly and positively predicted Wave II somatic symptoms.

In the second step, greater emotional bonds with fathers significantly predicted lower levels of somatic symptoms. All other predictors in step two were not significant. Finally, in the third step, the interaction terms collectively accounted for a significantly greater amount of variance in somatic symptoms. The only significant interaction term was the interaction between violent victimization and instrumental bonds with mother.

Upon further exploration of the significant interaction by using an SPSS macro created by Hayes and Matthes (2009), it was evident that when instrumental bonds with mother were low, violent victimization was significantly and positively related to somatic symptoms, $B = .02, SE = .01, p = .01$. In contrast, when instrumental bonds with mother were high, violent victimization was not significantly related to somatic symptoms, $B = -.02, SE = .02, p = .29$ (see Figure 1). These findings suggest that among adolescents who were the recipients of violent victimization, those who participated in more activities with their mothers experienced decreased levels of somatic symptoms.

Discussion

The purpose of this study was to examine the relationship between the experience of violent victimization and subsequent somatic symptoms, as well as moderators of this relationship, in Asian American adolescents. Guided by the developmental–systemic theory (Cairns, 1979; Ford & Lerner, 1992; Magnusson, 1988), we focused on two types of moderators—family bonds and acculturation. Among the types of family bonds, only one—greater emotional

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Table 2
Hierarchical Regression Model Examining Wave II Somatic Symptoms ($N = 749$)

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>$SE$</th>
<th>$\beta$</th>
<th>$R^2$</th>
<th>$\Delta R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>.04</td>
<td>.01</td>
<td>.09***</td>
<td>.36</td>
<td>.36****</td>
</tr>
<tr>
<td>Somatic Symptoms Wave I</td>
<td>.23</td>
<td>.01</td>
<td>.58****</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent victimization</td>
<td>.02</td>
<td>.01</td>
<td>.04</td>
<td>.37</td>
<td>.01*</td>
</tr>
<tr>
<td>Proportion of life spent in the U.S.</td>
<td>.02</td>
<td>.01</td>
<td>.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language spoken at home</td>
<td>-.01</td>
<td>.01</td>
<td>-.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional bonds with mother</td>
<td>-.01</td>
<td>.02</td>
<td>-.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional bonds with father</td>
<td>-.03</td>
<td>.02</td>
<td>-.08***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instrumental bonds with mother</td>
<td>-.001</td>
<td>.02</td>
<td>-.003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instrumental bonds with father</td>
<td>.02</td>
<td>.02</td>
<td>.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent Victimization $\times$ Proportion of Life Spent in the U.S.</td>
<td>-.002</td>
<td>.01</td>
<td>-.004</td>
<td>.39</td>
<td>.02***</td>
</tr>
<tr>
<td>Violent Victimization $\times$ Language Spoken at Home</td>
<td>.02</td>
<td>.01</td>
<td>.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent Victimization $\times$ Emotional Bonds with Mother</td>
<td>-.01</td>
<td>.01</td>
<td>-.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent Victimization $\times$ Emotional Bonds with Father</td>
<td>.02</td>
<td>.01</td>
<td>.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent Victimization $\times$ Instrumental Bonds with Mother</td>
<td>-.04</td>
<td>.02</td>
<td>-.09***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent Victimization $\times$ Instrumental Bonds with Father</td>
<td>-.02</td>
<td>.02</td>
<td>-.05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. All predictors were assessed in Wave I. $B$ refers to the unstandardized coefficients, and $\beta$ refers to the standardized coefficients. Sex: 1 = Male, 2 = Female; Language spoken at home: 0 = Other, 1 = English. *$p = .05$. **$p < .05$. ***$p < .01$. ****$p < .001$. 
bonds with fathers—significantly predicted reduced experiences of somatic symptoms one year later. Although violent victimization did not significantly predict somatic symptoms, the interaction between instrumental bonds with mother and violent victimization was significant. Violent victimization predicted greater somatic symptoms among those with low levels of instrumental bonds with their mothers, but it was not significantly related to somatic symptoms among those with high levels of instrumental bonds with their mothers. These results suggest that having shared activities with one’s mother was a protective factor that buffered the negative consequences of violent victimization. Similarly, previous researchers have found that family bonds reduced negative psychological outcomes and participation in risky behaviors among Asian American adolescents (Hahm et al., 2003; Willgerodt, 2008). Acculturation (i.e., language spoken at home and proportion of life in the U.S.) did not significantly predict somatic symptoms. Additionally, none of the interaction effects involving acculturation was significant. As explained in our discussion below on the limitations of our findings, these nonsignificant findings could be the result of limitations with the measurement of acculturation.

Strengths

This study brought to light a greater understanding of outcomes following experiences of violent victimization among Asian American adolescents. Recent studies have highlighted the deleterious repercussions of victimization among this population (Else et al., 2009; Ho, 2008); however, to our knowledge, this was the first study to examine the consequences of experiencing violent forms of victimization among Asian American adolescents using longitudinal data. Additionally, this study affirmed the protective role of family bonds among Asian American adolescents. To our knowledge, this was the first study to show that family bonds were a protective factor that weakened the relationship between experiencing violent victimization and negative mental health outcomes among Asian American adolescents. Moreover, our findings add complexity to the empirical literature on Asian American family bonds in that participants’ bonds with their mothers and fathers were protective in different ways. Whereas Asian American adolescents’ emotional bonds with their fathers exerted a direct protective effect on somatic symptoms, their instrumental bonds with their mothers were protective as a buffer that weakened the link between violent victimization and somatic symptoms.

Further, the use of somatic symptoms as the outcome variable was a strength due to its congruence with Asian cultures. Scholars have observed that in Asian cultures, the mind and body are conceptualized as intertwined; therefore, somatic complaints are a common expression of emotional distress (Lin & Cheung, 1999; Yang & WonPat-Borja, 2007).

The use of the Add Health dataset also conferred some advantages. The use of a large, national sample size ($N = 749$) in our study...
provided greater statistical power to detect significant findings. Furthermore, compared to cross-sectional studies on Asian American adolescents’ experiences of victimization (e.g., Else et al., 2009; Ho, 2008), the longitudinal nature of our study allowed us to demonstrate that victimization and family bonds predicted subsequent somatic symptoms. Finally, since the Add Health dataset has been used in several published studies on Asian American adolescents (e.g., Willgerodt, 2008; Willgerodt & Thompson, 2006), we were able to use measures with prior validity evidence.

Limitations and Recommendations for Future Research

This study had a few limitations due to the nature of the Add Health data set. Although it is advantageous to have such a large, nationally representative dataset, our analyses were constrained by the types of items in the dataset. The items on victimization focused only on violent types of victimization. However, although not all participants reported being victimized, they could have been victimized in other ways, such as being bullied, gossiped about, or socially excluded. A focus on violent forms of victimization may not have been representative of other forms of victimizations that Asian American adolescents experienced. Future research should examine different types of victimization experienced by Asian American adolescents.

Another limitation is that language use and proportion of life spent in the U.S. provided a limited assessment of participants’ cultural orientation. Specifically, these items did not account for the possibility that participants could be highly acculturated and enculturated at the same time, and they did not examine the values dimension of culture (Kim et al., 2001). Future research should use measures based on a binocular model of acculturation and enculturation, such as Chung, Kim, and Abreu’s (2004) Asian American Multidimensional Acculturation Scale, as well as measures that assess the values dimension of acculturation and enculturation (Hong, Kim, & Wolfe, 2005; Kim, Li, & Ng, 2005).

It is also important to consider that there may be other variables predicting the experience of somatic symptoms that were not assessed in this study. Specifically, there could be other variables predicting both the violent victimization and the somatic symptoms. For example, future research should examine whether violent victimization might mediate the association between experiences of racism and somatic symptoms. We also acknowledge that we did not assess whether somatic symptoms predicted subsequent victimization. Rather, our research question on whether violent victimization predicted subsequent somatic symptoms was guided by the theoretical and empirical literature on the deleterious consequences of adolescents’ experience of violent victimization (e.g., Ho, 2008; Ozer & McDonald, 2006).

In addition, only Chinese and Filipino Americans were well-represented in our sample; other Asian American ethnic groups (e.g., Vietnamese Americans and Asian Indian Americans) were not. As a result, it was difficult to explore differences among diverse Asian American ethnic groups. Future research would benefit from exploration of potential differences among various Asian American ethnic groups.

Practical Implications

The findings of this study present several practical implications for mental health professionals. Since adolescents are still in a formative age with fewer psychological resources than adults, repercussions of experiences of victimization may continue to affect adolescents into adulthood (Brooks et al., 2002; Elias & Zins, 2003; Macmillan, 2001; Macmillan & Hagan, 2004). Targeting change in adolescents could prevent subsequent experiences of negative mental health outcomes during adulthood.

There is a need to prevent Asian American adolescents from being victimized, given our findings regarding the psychosomatic consequences of victimization among those who had low levels of instrumental bonds with their mothers. Studies on bullying and victimization in schools (e.g., Orpinas, Home, & Staniszkowski, 2003; Sherer & Nickerson, 2010) have suggested that prevention programs that target the school environment and the behavior and attitudes of teachers and students are effective in reducing the rate of bullying and victimization. Accordingly, efforts are needed to educate adolescents and teachers about prevention and intervention methods, as well as the pernicious impact of bullying and victimization. In order to
create a safe environment for Asian American adolescents at school, adult supervision in locations where violence frequently occurs, support for immediate action, and violence prevention through promotion of positive behaviors, as well as reduction of negative behaviors, are necessary. Furthermore, it is critical to increase awareness of the challenges faced by Asian American adolescents among the community, schools, and mental health professionals through education and training. This is particularly important since Asian Americans are often stereotyped as a model minority. As a result, Asian American adolescents may not be perceived as a group that requires help.

Considering the protective role of family, it would be advantageous for mental health professionals to promote family bonds among Asian American adolescents. Comprehension of the cultural characteristics of the individual and family is essential to the success of therapy since variations exist among Asian Americans’ level of adherence to Asian and European American cultural norms (Kim, Ahn, & Lam, 2009). Mental health professionals can strengthen family bonds through providing psychoeducation about the adolescent and parent’s cultural differences (Ying, 1999), reframing parent–child conflict as an acculturative stressor (J. M. Kim, 2003; Mercado, 2000), and improving parent–child communication skills (Hwang, 2006). These strategies may help bridge parent–child cultural gaps, and increase mutual understanding and cohesion in Asian American families (Hwang, 2006; Ying, 1999).

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