

# Arab American Adolescents' Perceived Stress and Bullying Experiences: A Qualitative Study

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## Abstract

In 2012, 20% of high school students were bullied in the United States. Bullying is more prevalent among minority populations. Arab American adolescents receive little research attention and are described as the invisible population. This descriptive qualitative study was conducted with 10 Arab American adolescent bullying victims to describe their bullying experiences and related stress. In addition to being bullied because of health problems or social disadvantages, Arab American adolescents reported that they were bullied because of their ethnic/racial background and religious affiliation. Victims described high stress levels and anxiety which compromised their ability to function. They reported feeling sad, angry, overwhelmed, helpless, and hurt when they were bullied. They also lost control over their lives and self-confidence. Family and friends were sources of support but school administrators and teachers were not supportive. Implications for practice and future research were discussed.

## Keywords

adolescents, bullying, Arab Americans, perceived stress, violence

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Arab Americans are described as the invisible population in the current literature, a group that receives the least amount of research attention among racial and ethnic minorities. Also, considering the societal misperception that all Arab Americans are Muslims (Naber, 2000), combined with the recent events, many Arab American immigrants experience social exclusion and are perceived by others as “enemies of America” (Awad, 2010). Arab Americans are Americans of Arab descent, comprised of several waves of immigrants from the Arabic-speaking countries of southwestern Asia and North Africa who have settled in the United States since the 1880s (Arab American Institute Foundation [AAIF], 2014; Nydell, 2012). According to a recent statistic, the Arab American population has grown by 65% between 1990 and 2000 (AAIF, 2014). The U.S. Census Bureau (2010) estimated that the Arab American population was approximately 1.2 million; however, AAIF (2014) estimated at least 3.5 million Americans were of Arabic descent. Arab Americans live in all 50 states, but two thirds reside in 10 states; one third of the total population lives in California, New York, and Michigan. About 94% live in metropolitan areas including Detroit, Los Angeles, New York, Chicago, Washington, D.C., and Northeastern NJ (AAIF, 2014; Nydell, 2012).

Arab American adolescents experience discrimination in school similar to other immigrant and racial/ethnic minority adolescents due to language barriers and social isolation (Wray-Lake, Syvertsen, & Flanagan, 2008). After September 11, 2001, schools have witnessed a dramatic increase in physical and verbal bullying directed at Arab American children (Abdelkarim, 2003). Arab American adolescents reported experiencing prejudice based on their ethnic identity, which adversely affects their social life, mental health, as well as the process of immigration and citizenship (Abdelkarim, 2003; Ahmed, Kia-Keating, & Tsai, 2011; Wray-Lake et al., 2008). It is not surprising that Arab American students frequently experience bullying in school.

## **Bullying Stress, Perceived Stress, and Adolescent Health**

Bullying is defined as any repeated attack or intimidation with the intention to cause fear, distress, or harm and includes real or perceived imbalance of power between the bully and the victim (Olweus, 1993). Bullying can be *physical* (hitting, pushing), *verbal* (name-calling, teasing), *relational* (social exclusion, spreading rumors), or *cyber* (aggression through electronic communication technologies; Low & Espelage, 2013; Mesch, 2009; Smokowski & Kopasz, 2005; Wang, Iannotti, & Nansel, 2009). Bullying is prevalent

among U.S. adolescents; 20% reported being bullied and 15% were cyberbullied in 2012 (The Centers for Disease Control and Prevention [CDC], 2012). Several researchers have suggested that bullying in the United States is more prevalent among racial and ethnic minorities than among White adolescents. For example, studies have reported that African American adolescents experience higher rates of bullying than students of other racial and ethnic groups (Albdour & Krouse, 2014; Fitzpatrick, Dulin, & Piko, 2007; Goldweber, Waasdorp, & Bradshaw, 2013). Another study also demonstrated that Latino and Asian immigrant students in U.S. public schools reported more victimization than other racial and ethnic groups (Peguerro, 2009). To our knowledge, no studies have documented frequency of school bullying among Arab American students in U.S. schools.

The negative psychosocial health outcomes of bullying on adolescents' health and quality of life (QOL) has been well documented. Studies show that victims of bullying are at an elevated risk for depression, anxiety, poor school adjustment, and suicidal ideation and behaviors (Kaminski & Fang, 2009; Kelly et al., 2015; Velderman, Dorst, Wiefferink, Detmar, & Paulussen, 2008). Stress of victimization can also result in the development of somatic health problems, such as abdominal pain, loss of appetite, and feeling tense (Fekkes, Pijpers, Fredriks, Vogels, & Verloove-Vanhorick, 2006). Other studies have also documented that adolescents who bully others are likely to have academic problems, exhibit more externalizing problem such as delinquent behavior, and engage in risk behaviors such as alcohol and drug use (Kelly et al., 2015; Luk, Wang, & Simons-Morton, 2012; Menesini, Modena, & Tani, 2009; Smokowski & Kopasz, 2005). In addition, some of the somatic symptoms that are found to be associated with bullying perpetration are nervousness, irritability or bad temper, difficulty falling in sleep, and dizziness (Gobina, Zaborskis, Pudule, Kalnins, & Villerusa, 2008).

While numerous researchers have investigated health and mental health outcomes of bullying, little is known about peer victimized adolescents' perceived stress. This gap in knowledge is surprising given that stress occurs in situations that are appraised as threatening or demanding, and insufficient resources are available to cope with the situation (Lazarus, 1966, 1977). Responses to stress are not based solely on the intensity or any other inherent quality of the event, but rather are dependent on personal and contextual factors as well (Cohen, Kamarck, & Mermelstein, 1983). *Perceived stress* is defined as the appraisal of the stimulus (or force or influence) as overwhelming and the inability to meet the challenge created by this stimulus (Goodnite, 2014). Perceived stress associated with a negative event is found to adversely affect adolescents' physical and psychological health, social life, and school performances. Researchers have reported that perceived stress is highly

correlated with physical pain (Alfven, Ostberg, & Hjern, 2008; Björling, 2009) and depression (Zhang, Yan, Zhao, & Yuan, 2015).

Although few studies have also explored the association between bullying victimization and perceived stress, extant research findings have documented that children who are victimized by peers have higher level of perceived stress. In one study, for example, researchers (Alfven et al., 2008) reported that exposure to school stress, including bullying, was associated with high level of perceived stress and recurrent abdominal pain and headaches in a sample of 2,597 children, ages 10 to 18. Another study finding (Combs, 2013) revealed a significant, positive correlation between being a victim or a bully-victim (i.e., victims who perpetuate bullying) and perceived stress among African American middle school youth, age 11 to 15. However, the relationship between bullying victimization and perceived stress in adolescence has not been fully investigated (Combs, 2013).

## **Theoretical Framework**

The Neuman System Model is used to guide the present study. Neuman's model focuses on the well-being of the client system (human being) in relation to environmental stress and reaction to stress (Neuman & Fawcett, 2002). Stressors are tension-producing stimuli which are neutral but the outcome of a reaction to a stressor may be experienced as beneficial or harmful (Neuman & Fawcett, 2002). An individual's reaction to stress is influenced by several factors including how long he or she was exposed to a stressor, nature and intensity of the stressor, coping behaviors, patterns of similar situations, and the amount of energy, and availability of resources. Neuman and Fawcett (2002) discussed stress appraisal and stress perception in relation to Lazarus and Folkman's (1984) theory. Neuman and Fawcett (2002) indicate that the initial interpretation of the meaning of a stressful situation and the degree to which the situation is appraised as threatening and/or personally significant are key factors in the relationship between stress and health/wellness. For example, bullying is an event that may occur in adolescents' school life. How they perceive that event is an important factor that influences their reaction to that stress and how it can affect their health and well-being. Some adolescents move on with no significant negative effect while others may have significant negative physical and psychological outcomes (e.g., pain, suicide). Perceived stress is an important factor in the link between stress and wellness because it is part of an individual's reaction to and coping with the stress (Lazarus & Folkman, 1984; Neuman & Fawcett, 2002).

## Purpose

The purpose of this study was to describe Arab American adolescents' bullying experiences and related stress. In particular, we examined bullying situations where adolescents were victimized, how they felt when bullied, and how they coped with stress and bullying.

## Methods

The current study utilized descriptive, qualitative design. Qualitative descriptive was chosen because this approach is most appropriate in exploring an unknown phenomenon (Creswell, 2013; Streubert & Carpenter, 2011; Thorne, Kirkham, & MacDonald-Emes, 1997), in this case, bullying victimization and perceived stress among Arab American adolescents. Additionally, interviews are useful to explore sensitive and emotional issues such as bullying victimization by encouraging the participants to describe their experience in their own words (Creswell, 2013; Sandelowski, 2000; Streubert & Carpenter, 2011).

### *Sample and Recruitment*

The study was approved by the Institutional Review Board at the researchers' affiliated university. Ten Arab American adolescents were recruited from a well-known Arab community center located in a Midwestern state that provides social and health services to Arab American immigrants. The participants were 14 to 16 years of age who identified themselves as Arab Americans. The age range was selected because previous research indicates that bullying peaks in the late middle school and declines in high school (Pellegrini & Long, 2002; Smokowski & Kopasz, 2005). Adolescents and their parents were approached by the first noted researcher who provided details about the study. If the adolescents agreed and their parents consented to their child's participation in the study, arrangements to conduct the interview were made. Written assent was also obtained from the adolescents and the researcher explained that their participation was voluntary and they could withdraw from the study at any time.

### *Data Collection*

In-depth, individual interviews were conducted in the participants' homes where the adolescents could feel safe in sharing their experiences. An interview guide was developed based on the conceptual model of the

**Table 1.** Concepts/Variables and Corresponding Interview Questions.

Framework Concepts	Study Variables	Interview Questions
<b>Stressors:</b> Tension producing stimuli or forces occurring within the internal and external environmental boundaries of client/client system Stressors are neutral	<b>Bullying experience:</b> Experienced any repeated attack or intimidation by others with the intention to cause fear, distress, or harm (can be physical, verbal, or relational)	Bullying event: Who, what, where and why How do you describe your peer relation at school? Please tell me about your bullying experience. How that made you feel? Why do you think they bullied you? What is going on when you are being bullied? Give examples
<b>Reaction to stress:</b> Nature and degree of client system reaction to stressors, it can be positive or negative, beneficial, or noxious Influenced by client's appraisal of stressors	<b>Perceived stress:</b> The appraisal of the stimulus (or force or influence) as overwhelming and inability to meet the challenge created by this stimulus	When you were bullied, did you felt upset? Stressed? Unable to control important things in your life? Did you felt overwhelmed? How confident were you about your ability to manage your personal problems? Did you felt in control and on top of everything? If not why? Give examples? How do you thing being bullied affect your stress level? Your ability to overcome difficulties? For how long did you felt that way (upset, stressed, losing control, and overwhelmed)? What helped you to cope with this feeling? Did you talked to anyone about your feelings? Did you talked to anybody about the bullying situation?

study (see Table 1) and a comprehensive review of the literature on bullying and perceived stress. The sections of the study guide included a description of the bullying event(s), the adolescent's perceived stress, and the ways that they coped. More probing questions were asked to elicit

how they felt when bullied, and how overwhelmed they felt when bullied. Questions related to perceived stress were derived from the Perceived Stress Scale (PSS) developed by Cohen et al. (1983). Additional questions about how long the adolescents felt that way and what helped them to cope with this feeling were included (see Table 1). Interviews were audio-taped and lasted between 45 and 60 min. The participants were interviewed without the presence of their parents or guardian to ensure privacy and confidentiality.

### ***Data Management and Analysis***

Interviews were transcribed verbatim to password protected computer files. Transcripts were checked for accuracy against the audio-recordings by a different person than the transcriber. The researcher devised an a priori coding based on the conceptual model of the study (see Table 1), and the bullying and perceived stress literature. Codes were modified and updated along with the data analysis process. Using conventional content analysis (Hsieh & Shannon, 2005), the data were organized into major codes and subcodes. To enhance rigor, all transcripts were coded by two members of the research team independently, who then met to compare and discuss their codes until an agreement was reached on the coding. All coded transcripts were entered into the NVivo computer program. All coded data were reviewed using within and across case analysis (Ayres, Kavanaugh, & Knafl, 2003) through a construction of matrices to provide a visual display of the data to recognize patterns of data. Finally, categories were identified and described. Further measures to enhance rigor (Whittemore, Chase, & Mandle, 2001) included peer review with a content (L.L.) and a methods expert (K.K.).

## **Results**

### ***Participant Characteristics***

The total number of the study participants were 10 Arab American adolescents. The participants consisted of six females and four males, age 14 to 16 ( $M = 14.9$ ). Eight of the participants were born in the United States, and two were born in Iraq. The countries-of-origin of the participant's parents were Iraq ( $n = 6$ ), Lebanon ( $n = 2$ ), and Palestine ( $n = 2$ ). Six of the participants were living with both biological parents and four were living with only one parent. All of the participants were attending public middle or high schools (see Table 2).

**Table 2.** Participant's Demographics.

Participant Number/Initials	Age	Gender	Place of Birth	Country of Origin	Parents	Types of Bullying	Bullied By Adults
1. (M.H.)	16	F	U.S.	Palestine	Biological father and step mother (mother died 2003)	Verbal Physical Exclusion	Yes
2. (M.A.)	15	M	U.S.	Iraq	Both biological parents	Verbal Physical	No
3. (M.A.)	14	F	U.S.	Iraq	Both biological parents	Verbal Physical Exclusion	Yes
4. (F.J.)	15	F	U.S.	Lebanon	Both biological parents	Verbal Exclusion Massaging	Yes
5. (S.A.)	14	M	U.S.	Palestine	Biological mother (divorced)	Verbal Physical Exclusion	Yes
6. (N.A.)	15	M	U.S.	Iraq	Biological mother (divorced)	Verbal Physical Exclusion massaging	Yes
7. (F.J.)	15	F	U.S.	Lebanon	Both biological parents	Verbal Physical Exclusion	Yes
8. (A.J.)	14	F	U.S.	Iraq	Biological father (divorced)	Verbal Exclusion	Yes
9. (R.A.)	15	F	Iraq (moved to U.S. in 2009)	Iraq	Both biological parents	Verbal Exclusion	Yes
10. (M.S.)	16	M	Iraq (moved to U.S. in 2011)	Iraq	Both biological parents	Verbal Physical Exclusion	No



## *Nature of Bullying*

**Types.** All participants described situations where they were verbally bullied by their peers. They described their peers using hurtful words and comments (e.g., “stupid,” “fat,” “deaf”), making fun of them (e.g., “she was looking at me and laughing at me with her friend”), yelling at them, or making threats to them (e.g., “you’re gonna be kicked hard,” “watch what is going to happen”). In addition, all participants experienced being excluded by their peers who refused to do group projects or activities with them. The participants felt unwelcomed and rejected by their peers (e.g., “nobody wants to be friend with me,” “they gave me dirty look”). Six participants reported experiencing physical bullying (e.g., “kicked,” “pushed,” “throwing books,” “being hit”). Traditional bullying (verbal, physical, and social exclusion) was more prevalent among the study participants and only two indicated being cyberbullied via phone messages. None of the participants experienced bullying through the Internet or other social media (e.g., Facebook, websites, or blogs). Bullying was more frequent among boys. Three out of four boys reported severe bullying experience (physical and verbal bullying and social exclusion more than three times) compared with only one girl.

**Reason for being bullied.** All but one participant indicated that the bullying was related to their race and ethnicity. Half of the participants reported that “being Arabic” was the only reason they had been bullied. Most of the participants stated that their peers hurled hurtful and racist words or comments against them, such as “terrorist,” “boarder,” “go back to your country,” “violent and animals,” and “towel head.” A few of the participants were bullied because of their names, which strongly represent their Arabic and Islamic background. One of them changed his name because it was associated with the name of a well-known terrorist and stated that other students shouted at him, “He is a terrorist . . . he is going to terrorize the school . . . he has a bomb.” Another participant encountered statements such as, “Are you Muslim . . . do not kill us today.” This participant refused to change his name to an American name when his father suggested that to him. He explained, “My dad asked me if I want to change my name and I was like no . . . I am not going to change who I am because of what other people think or want.”

Several participants were bullied because they spoke Arabic or were not proficient in English. For example, one participant stated, “I came to the U.S. and they were like, ‘hey go back to your country and speak Arabic there . . . We are in America we speak English.’” Another participant said that other students bullied her and said, “Shut up . . . you are a boarder . . . go back to your country and talk in Arabic.” All female participants who wore head

covers experienced bullying because of their head covers or scarfs. They heard remarks, such as “towel head” “scarfy” or received disapproving looks from their peers. One participant said, “They give you that look and ask you why you wear this . . . like they are making fun of you.” One of the participants indicated that one boy had continuously bullied her because of her head cover and made hurtful comments to her every time he saw her such as, “Do you shower with this” or “Are you bald?” The participant indicated that she was afraid that this boy would pull her scarf and was happy when he left the school.

In addition to being bullied because of their race/ethnicity, five of the participants enumerated additional reasons for being bullied other than their race/ethnic background. They were bullied because of a health problem (e.g., hearing problems or skin disease), being overweight, or having a social disadvantage (e.g., absence of one parent).

*Context of bullying.* Several participants shared that bullying happened early in their lives in elementary school but most experiences in bullying were recent and happened within the past 2 years. Verbal bullying was described as the worst compared with other types of bullying, and nine participants explained that the hurtful comments were the ones that were most offensive to them. On the other hand, only one participant considered physical bullying (being kicked) as the most hurtful and offensive. Bullying typically occurred at their school or a school-related area or facility such as the school bus, gym, or athletic field. Two participants experienced bullying during a field trip outside the school and two others experienced bullying at a mall. Two female participants indicated that their mothers were with them when bullying happened at the mall. However, the mothers were not aware of the bullying and the girls did not tell them to avoid troubles or upsetting their mothers: “My mom did not get it but I did . . . I did not know what to do . . . so, so I kept walking and I did not tell my mom.”

### *Stress Experienced From Bullying*

*Stress level.* All but one participant explained that they felt very stressed and anxious when they were bullied. However, the exact reason for feeling stressed varied among the participants. Four adolescents were stressed because they did not want to confront the bullies or did not know what to say or do to the bullies. One participant stated that bullying was so stressful because it happened in front of other people and she did not know what to say. Four adolescents stated that they felt a lot of pressure and kept thinking about the bullying situation all the time. Three cried at home when they were

bullied. For some, the stress level was so high, they experienced physical symptoms. Some responses included, “my hands were sweaty,” “I could not sleep at night,” “my stomach feels like rumbling . . . and I feel like I have a headache.” One of the participants sought medication for anxiety. One female participant indicated that the stress from being bullied was one of the reasons why she developed a skin disease.

*Feelings when bullied.* The participants reported a wide range of negative feelings when they were bullied. The most common feelings reported were feeling upset, sad, angry, overwhelmed, and hurt. Both male and female participants experienced these feelings. Feeling upset and sad were prominent among the participants because they believed that they should not be bullied because of how they dressed or what language they spoke. Participants felt angry because of how their peers treated them. One participant stated, “Like I do not know what to do . . . I become very angry.” Another said,

We came to the U.S. for a better life . . . but we found like people hate us for no reason . . . we are not terrorist . . . not all Arabs and Muslims are terrorist . . . we are normal people just like anybody else.

All of the male participants stated that they were angry, compared with only half of the female participants.

Feeling overwhelmed was also very commonly expressed by nearly every participant, who described feeling under pressure, tired, overwhelmed, and not able to take it anymore. One participant said, “It does not work anymore, it reached the limit . . . you keep filling up the pot with water until it won’t take any more.” Two participants stated that they wish they can stop bullying: “I just want to stop it and I do not want to hear these hurtful words anymore . . . and you like I cannot take it anymore.” Many participants felt hurt inside when bullying happened. One participant said, “Yeah I did feel hurt . . . because they did not know me to say these bad things about me.” Other negative feelings experienced by several participants were feeling annoyed, offended, and shocked. Feelings of mistreatment, fear, embarrassment, or disappointment were also reported.

*Impact of bullying on other aspects of life.* Most of the participants reported that they lost control over the things that were important to them, particularly school work and performance. Some adolescents felt distracted and could not concentrate in classes and school work because of bullying. They explained

that they were thinking about bullying all the time and were not able to focus. One participant indicated,

. . . I push myself to go to school you know, because I do not want to lose my good grades . . . I just think how am I going to go to school and how am I going to concentrate.

Others did not want to go to school and confront the bullies. One participant explained,

I do not want to go to school . . . like I am not happy to go to school . . . because I do not want anybody to say something hurtful to me . . . I am like I don't need that.

Another participant stated that being bullied severely affected his grades: "I do not like school . . . like when I get in trouble and suspended . . . I cannot focus on my school work . . . and I do not want to do it." Severely bullied adolescents reported that they did not feel confident in themselves, were easily irritated, and had lost control over other things in their lives (e.g., school performance). However, adolescent who were bullied less than three times did not report those feelings.

Four adolescents reported losing confidence in how they handled other problems in life because of bullying. One participant said, "No . . . I am not confident and like nothing worth anymore." In addition, their confidence dropped because of bullying and discrimination, and feeling worthless. Another participant also said,

No, when you have been discriminated it's hard to keep your confidence . . . I had to deal with a lot of negativity around me . . . in many times I looked down to myself because of what is happening at school.

In addition, bullying affected the participants' ability to control other problems in their life. They expressed that bullying made them feel like they were on edge and even small things aggravated them. Another participant explained this feeling: "I was like easily irritated . . . like I get into fight with my older brother or with my mam . . . I do not want to talk to anybody."

### *Coping With Bullying*

*Coping behaviors.* Most of the participants indicated that they will never forget their bullying experiences, and it took them a long time to stop thinking

about them. However, the time needed to get over bullying varied among the participants. Six of the adolescents indicated that it took months or even years to cope while others indicated days or weeks. Severely bullied adolescents took longer time to cope with bullying.

Participants also indicated that they did not know how to cope with bullying at the time it happened, and described ineffective coping behaviors, such as over-eating or crying. One participant said, "A lot of times, I went back home crying, I would scream just to let it out. I do not think I did cope with it in the right way." However, they later used more satisfying strategies to get over bullying such as exercising and sports, which was more common among boys. Outlets for stress included participating in sports such as basketball, volleyball, bowling, and running. All participants expressed feeling better after exercising or playing sports because it helped them to keep their mind off of bullying. One participant stated, "I play volleyball with my friends . . . and I listen to music . . . it just keeps my mind off these feelings." Six also reported that talking to their close friends or a family member made them feel better about themselves and helped them to stop being overstressed about bullying. One participant said,

When I go back home . . . I just talk to my close friends . . . we hangout . . . and . . . we play video games . . . to get the stress out . . . and to keep my mind off from what happened at school.

For some adolescents, writing and listening to music were also effective ways to relieve bullying-related stress. One participant stated that his religion and spiritual beliefs helped him to cope with bullying and not to respond to bullies in the same way. He said, "My religion forces me not steal, lie . . . do bad things . . . I choose not do the bad things that [is] what my religion Islam taught me."

*Available support and resources.* The majority of the participants indicated that their family provided relief and support. Parents or siblings were there to give advice. However, two participants indicated that they did not share their bullying experiences with their parents because they did not want them to worry or get into trouble. Only one participant stated that talking to her teacher was helpful. In contrast, four participants stated that telling teachers did not stop the bullying; in fact, teachers blamed the victims for being bullied. One said, "I feel like teachers do not help me . . . they just want you to get good grades but they do not care about you or what is really going on with you." Another participant stated, "I was scared to tell the teachers because they are Americans and may be they do not like me too." When the parents of four participants went to the

school to share their concerns about bullying, it did not stop. Moreover, two participants reported being bullied and discriminated against by their teachers, as one of them explained,

Just because I asked the teacher what did he means by one word that he said, I told him can you please express this word in another way, he pushed me down to the corner of the room and start yelling at me after class. He yelled at me for 15 min straight.

Some participants also stated that they were bullied by other adults as well as peers. One participant explained how she was bullied by adults, "Me and my friend were wearing the head cover and some girls were like look at these two girls, they are so ugly . . . and we did not say anything to them." A total of eight participants shared situations where they were bullied by adults such as teachers, in addition to being bullied by their peers.

## **Discussion**

Our study findings were consistent with past studies conducted in the United States describing the types of bullying experienced by adolescents (Nansel et al., 2001; Wang et al., 2009). Traditional bullying, particularly the verbal type, was more common among Arab American adolescents than cyberbullying. The two study participants who were cyberbullied indicated that they were bullied via instant message which is one of the most frequent forms of cyberbullying as reported in one study (Kowalski & Limber, 2007). In addition, boys were more involved in physical bullying than girls, which is also consistent with past findings (Wang et al., 2009).

Bullying may occur due to the victim's appearance (e.g., overweight), behavior (e.g., shy), or difference (e.g., different culture, religion, or economic situation; Espelage & Asida, 2001; Frisén, Jonsson, & Persson, 2007). In general, adolescents seek to fit in with their peer groups and to feel a sense of belonging, which might be challenging for those who are different physically, psychologically, or socially (Steinberg, 2011). The experiences of the study participants were similar to the findings of previous research conducted with other racial and ethnic groups, which confirms that racial/ethnic and religious minority statuses are frequently associated with being bullied (Ahmad & Szpara, 2003; Albdour & Krouse, 2014; Goldweber et al., 2013; Hong & Espelage, 2012; Luk et al., 2012; Schuster et al., 2012; Wang et al., 2009). A few studies also reported that victimization is prevalent among Arab American and Muslim adolescents (Ahmad & Szpara, 2003; Yousef, Shaher, & Bellamy, 2015). Arab American might be particularly at risk, as one study

revealed that they reported the highest number of times being bullied while in school compared with White, African American, and Hispanic American students (Yousef et al., 2015). Our study participants reported that they were bullied mainly due to their Arabic descent and/or perceived or actual Islamic affiliation. Despite the prevalence of bullying, there is dearth of research studies exploring Arab American adolescents' experiences in bullying and the role of their ethnicity and religion. Arabic culture and Islamic faith prescribes that a woman must be conservative in her attire by wearing long, loose, and non-revealing dresses to cover body parts and a scarf to cover her head. Consequently, clothing can reinforce bullying for female adolescents. In addition, speaking in Arabic or having a common Arabic name (e.g., Mohammad) can reinforce bullying. Names and clothing can visibly distinguish Arab American adolescents from their mainstream peers. Furthermore, our study revealed that Arab American adolescents who are overweight, have health problems, or are disabled are at a heightened risk of bullying, which is also common among non-Arab adolescents (MacNeil & Newell, 2004; Pittet, Berchtold, Akre, Michaud, & Suris, 2010; Sullivan, 2009). These findings illustrate the nature of bullying as a layered and manifold phenomenon.

As evidenced by our study findings, bullying can happen within (e.g., classroom) and outside the schoolyard (e.g., field trip). Arab American adolescents were bullied in school as well as in other public settings (e.g., mall). Such finding confirms previous research, which has found that bullying frequently occurs in school or close to school (e.g., playground), or in places without adult supervision (MacNeil & Newell, 2004; Smokowski & Kopasz, 2005).

Consistent with other studies, we found that victims experienced high levels of stress (Hamilton, Newman, Delville, & Delville, 2008; Newman, Holden, & Delville, 2005) and reported somatic symptoms as a result (Due et al., 2005; Fekkes, Pijpers, & Verloove-Vanhorick, 2004). In other words, perceived stress was a key factor in predicting how adolescents interpret their bullying experiences and consequently, how those experiences affect their health and well-being (Combs, 2013; Due et al., 2005; Fekkes et al., 2004, 2006). Newman and his colleagues (2005) examined college students who reported experiencing bullying in high school and found that both males and females reported higher stress symptoms (e.g., sadness, weight loss, trouble breathing) if they were bullied during high school. The long-term effect of stress related to bullying may also have physical consequences such as high blood pressure and increased heart rate in adulthood (Hamilton et al., 2008). In terms of the physical aspect of bullying, bullying can alter the function of the hypothalamic-pituitary-adrenal axis (HPA), leading to fluctuation in the cortisol levels and results in poorer physical and psychological health (Knack,

Jensen-Campbell, & Baum, 2011). The somatic symptoms related to bullying are very important considerations for health care providers who work with adolescents. School nurses and practitioners should consider questions related to adolescents' peer relationships and sources of stressors at school during physical screening and examinations. For adolescents who show such symptoms, school nurses should further investigate whether bullying is a contributing factor to such symptoms (Fekkes et al., 2006; Gini & Pozzoli, 2009). This is especially important for populations such as Arab American adolescents who are prone to bullying victimization.

Experiencing bullying and the perception of high stress levels have also been found to be associated with symptoms of depression and anxiety (Sontag & Graber, 2010). These experiences were clearly evident in our study as the victims felt overwhelmed, upset, sad, and hurt when bullied. As suggested by Cohen and colleagues (1983), individuals under stress feel overwhelmed, overloaded, and uncontrolled, all of which are central components of stress. In our study, Arab American adolescents who were repeatedly bullied reported feeling overwhelmed, losing control, and easily irritated.

Health care providers need to take adolescents' psychosomatic symptoms seriously and address them promptly (Shannon, Bergren, & Matthews, 2010). They can help treat adolescent's physical and psychological symptoms and direct bullied adolescents and their parents to appropriate resources, such as face-to-face counseling, online counseling, and support groups (Shannon et al., 2010). Health care providers should consider a social-ecological approach by involving not only the adolescents, but also their parents, schools, and communities in prevention and intervention efforts (Espelage, 2014). Schools, where bullying primarily occurs, need to adapt policies and procedures that work to effectively address bullying. Although school districts have been mandated by the federal laws to address discriminatory harassment similar to bullying (U.S. Department of Health and Human Services, 2014), there has been a growing public concern about bullying in the wake of several school shootings, and all 50 states have subsequently enacted anti-bullying laws (Birkland & Lawrence, 2009). Despite the passage of these laws, bullying remains a significant problem, as there have been barriers to bullying policy implementation, including lack of understanding of the policy by students and school officials, poor agreement among officials about what constitutes bullying, inadequate staff training, and time constraints (Hall & Chapman, 2016).

The study participants turned to their family and friends to cope with the bullying and associated distress. Coping strategies and help-seeking behaviors were examined by Hunter, Boyle, and Warden (2004) who found that social supports were the most effective strategy to overcome negative emotions



related to bullying. Consistent with their findings, our study participants utilized social supports from family and friends to cope with bullying-related stress and negative feelings. Practitioners and interventionists working with Arab American adolescents should consider the significance of strong social supports in coping with bullying stress. Intervention and prevention programs need to encourage effective coping strategies among Arab American adolescents such as problem-solving skills. This is important as Arab culture strongly values the collective good of the family (Nydell, 2012) and adolescents are taught to find solutions in consultation with their family (especially parents) instead of problem solving on their own (Haboush, 2007).

Our study showed that Arab American adolescents did not disclose bullying to their teachers. In cases where teachers were informed, the adolescents continued to be bullied or the teachers did not take any action against the bullies. Adolescents are reluctant to disclose being bullied if they feel that adults are not well informed about bullying and if they believe there will be an inappropriate or no response from adults (DeLara, 2012). Also, adolescents may choose not to inform an adult authority if they feel ashamed or when none of their strategies stopped the bullying (Baldry & Farrington, 2005; DeLara, 2012). Further investigation is needed to understand why Arab American adolescents do not seek help from their teachers and school. Although the primary focus of the study was on Arab American adolescents' experiences of bullying by their peers, we found that several participants reported being bullied by adults and teachers. This is another type of discrimination that can adversely affect Arab American adolescents' psychosocial well-being.

There are some limitations that need to be mentioned. The study included only 10 participants from one geographical area in a Midwestern state; therefore, transferability to other contexts or settings might be limited. In addition, the study relied on adolescents' self-report and no confirmation was obtained from other sources (e.g., parents, school officials), which might have increased credibility of the findings. Finally, other factors that might significantly influence an adolescent's feeling of stress (e.g., losing a family member, family conflicts) might have affected our findings.

In summary, additional research should be conducted on the prevalence of bullying as well as related risk factors and stress experiences from a larger sample of Arab American adolescents. In addition to qualitative research, future studies might also quantitatively explore how bullying might be linked with perceived stress using a longitudinal research design. It is also important that researchers recognize the diversity in Arab American populations; thus, studies might consider comparing the prevalence and factors associated with bullying victimization from various ethnic subgroups (e.g., Lebanese,

Jordanian, Syrian, Yemeni). More importantly, bullying intervention and prevention programs need to identify effective coping strategies that can be adapted to the unique culture and experiences of Arab American adolescents.

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