The Moderating Effects of Acculturative Stress and Ethnic Identity on the Relation between Peer Victimization and Depressive Symptoms among Latinx Youth

Mariana J. Bednarek
DePaul University, mjbcellopiano@gmail.com

Follow this and additional works at: https://via.library.depaul.edu/csh_etd

Part of the Psychology Commons

Recommended Citation
https://via.library.depaul.edu/csh_etd/499

This Thesis is brought to you for free and open access by the College of Science and Health at Digital Commons@DePaul. It has been accepted for inclusion in College of Science and Health Theses and Dissertations by an authorized administrator of Digital Commons@DePaul. For more information, please contact digitalservices@depaul.edu.
The Moderating Effects of Acculturative Stress and Ethnic Identity on the Relation between Peer Victimization and Depressive Symptoms among Latinx Youth

A Thesis
Presented in
Partial Fulfillment of the
Requirements for the Degree of
Master of Science

By
Mariana J. Bednarek
August 24, 2023

Department of Psychology
College of Science and Health
DePaul University
Chicago, Illinois
Thesis Committee

Antonio J. Polo, Ph.D., Chairperson

Jocelyn S. Carter, Ph.D.
Acknowledgments

I want to acknowledge the tremendous impact that many people had on me while completing this thesis, as I could not have done it alone. I want to first express gratitude to Dr. Antonio J. Polo and Dr. Jocelyn S. Carter for guiding me through every step of this project and for providing valuable feedback that helped me move forward. Also, I want to thank all my fellow Culture and Evidence-Based Practice (CEBP) lab members for fostering a community and a collaborative atmosphere where we felt safe leaning on each other for support as needed. I am grateful towards Chicago Public Schools and the families who kindly volunteered information that I could use for this project. With their help, I was able to further my understanding and appreciation of the rich diversity of Latinx communities.

I would also like to thank my paternal grandparents for giving me the means to pursue this education. I would not be here without their support and generosity. Additionally, I am grateful for my friends, old and new, for their emotional support, positivity, sense of humor, and reminders to maintain a healthy work/life balance as I complete this project. Further, I want to express my appreciation for my cat, Smokie, for his unconditional love and affection, for keeping me grounded, and helping me remember that little things in life often have the largest impact. Last, but not least, words cannot express how appreciative I am towards my parents, my maternal grandmother, Chita, my extended family, and my wonderful, loving partner, Patrick, for being my rock throughout this whole process.
Biography

The author was born in Evanston, Chicago, Illinois on September 4, 1999. She graduated from John Hersey High School in Arlington Heights, Chicago, Illinois in 2018. The author then graduated summa cum laude with honors from DePaul University, Chicago, Illinois in 2021 with a Bachelor of Arts degree in Psychology, with a concentration in Human Services. In August 2023, she will go on to pursue her Master of Arts degree in Clinical Mental Health Counseling at Adler University, Chicago, Illinois.
Abstract

Depressive symptoms disproportionately affect the burgeoning U.S. population of Latinx youth and adolescents. Peer victimization in school settings is a particularly pervasive stressor among youth, and it can have detrimental effects on mental health. Literature highlights multiple cultural factors unique to Latinx youth that could impact their experiences with peer victimization. The current study analyzed data from 297 Latinx youth ($M_{\text{age}} = 11.4$; 55.6% female) to examine three domains of acculturative stress (language conflicts, cultural conflicts, and discrimination) and ethnic identity as moderators of the relation between peer victimization and depressive symptoms. A series of two- and three-way interaction analyses were conducted to test the hypotheses, and gender was included as a covariate. While ethnic identity was not found to be a significant moderator, one domain within acculturative stress – cultural conflicts – was found to significantly moderate the relation between peer victimization and depressive symptoms [$\beta = -.12$, 95% C.I. $(-.04, -.002)$, $p = .03$]. Suggestions for interventions, implications, limitations, and future directions are discussed.

**Keywords:** Latinx, peer victimization, depressive symptoms, acculturative stress, ethnic identity
# Table of Contents

Thesis Committee .................................................................................................................. 2  
Acknowledgments .................................................................................................................. 3  
Biography ............................................................................................................................... 4  
Abstract ................................................................................................................................. 5  
Table of Contents .................................................................................................................. 6  
List of Tables .......................................................................................................................... 8  
List of Figures ........................................................................................................................ 10  
Introduction ........................................................................................................................... 11  
  Depression among Latinx Youth .......................................................................................... 11  
  Peer Victimization ............................................................................................................... 12  
  Theoretical Framework ...................................................................................................... 14  
  Risk and Protective Factors of Peer Victimization .............................................................. 16  
  Acculturative Stress and Mental Health .............................................................................. 18  
  Ethnic Identity and Mental Health ...................................................................................... 22  
  Ethnic Identity and Acculturative Stress ............................................................................ 23  
Rationale ............................................................................................................................... 26  
Aims and Hypotheses .......................................................................................................... 26  
Method ................................................................................................................................... 29  
  Participants ......................................................................................................................... 29  
  Measures ............................................................................................................................. 29  
  Procedure ........................................................................................................................... 31  
Results ................................................................................................................................... 32
## List of Tables

1. Bivariate Correlations Between Variables.........................................................69
2. Simple Moderated Regression Analysis of Peer Victimization on Depressive Symptoms by Language Conflicts, Including Gender as a Covariate.................................70
3. Simple Moderated Regression Analysis of Peer Victimization on Depressive Symptoms by Cultural Conflicts, Including Gender as a Covariate.................................71
4. Slope Significance Tests of the Relation of Peer Victimization and Depressive Symptoms at Low, Medium, and High Levels of Cultural Conflicts........................................72
5. Simple Moderated Regression Analysis of Peer Victimization on Depressive Symptoms by Discrimination, Including Gender as a Covariate........................................73
6. Slope Significance Tests of the Relation of Peer Victimization and Depressive Symptoms at Low, Medium, and High Levels of Discrimination........................................74
7. Simple Moderated Regression Analysis of Peer Victimization on Depressive Symptoms by Ethnic Identity, Including Gender as a Covariate........................................75
8. Moderated Moderation Regression Analysis of Peer Victimization and Language Conflicts on Depressive Symptoms by Ethnic Identity, Including Gender as a Covariate.................................................................76
9. Moderated Moderation Regression Analysis of Peer Victimization and Cultural Conflicts on Depressive Symptoms by Ethnic Identity, Including Gender as a Covariate........77
10. Slope Significance Tests of the Interaction Effect of Peer Victimization and Cultural Conflicts on Depressive Symptoms at Low Levels of Ethnic Identity....................78
11. Slope Significance Tests of the Interaction Effect of Peer Victimization and Cultural Conflicts on Depressive Symptoms at Medium Levels of Ethnic Identity...............79
12. Slope Significance Tests of the Interaction Effect of Peer Victimization and Cultural Conflicts on Depressive Symptoms at High Levels of Ethnic Identity…………………80
13. Moderated Moderation Regression Analysis of Peer Victimization and Discrimination on Depressive Symptoms by Ethnic Identity, Including Gender as a Covariate………………81
List of Figures

1. Integrative Model for the Study of Developmental Competencies in Minority Children (García Coll et al., 1996) ................................................................. 82
2. Moderated Moderation Model ...................................................................... 83
3. A Simple Slopes Analysis Examining the Relation of Peer victimization and Depressive Symptoms at Low, Medium, and High Levels of Cultural Conflicts ........................................ 84
4. A Simple Slopes Analysis Examining the Relation of Peer victimization and Depressive Symptoms at Low, Medium, and High Levels of Discrimination ................................. 85
5. Simple Slopes Analyses Examining the Interaction Effect of Peer Victimization and Cultural Conflicts on Depressive Symptoms at Low (A), Medium (B), and High (C) Levels of Ethnic Identity ................................................................. 86
The Moderating Effects of Acculturative Stress and Ethnic Identity on the Relation between Peer Victimization and Depressive Symptoms among Latinx Youth

In the past decade, the Latinx population in the United States has grown 23% to approximately 62.1 million (United States Census Bureau, 2020). From 2006 to 2016, the population of Latinx youth under 18 years old increased by 22% (Lopez et al., 2018). Latinx youth and adolescents are 1.4 times more likely to be diagnosed with Major Depressive Disorder (MDD) and Dysthymic Disorder (DD) than White youth and adolescents (Merikangas et al., 2010). Nonetheless, Latinx adolescents are much less likely than their White counterparts to receive mental health services, even when they have severe symptoms impeding daily functioning (Merikangas et al., 2011). These disparities in mental health and help-seeking behavior highlight the pressing need for improved and more culturally competent mental health care for Latinx youth and adolescents in the U.S., as well as a consideration for the plethora of sociocultural factors that could be impacting the mental health of this population.

Depression among Latinx Youth

Depression can be a particularly debilitating mental health challenge for Latinx youth and adolescents. From 2015 to 2018, major depressive episodes have increased from 12.6% to 15.1% among Latinx youth ages 12-17 (Substance Abuse and Mental Health Services Administration, 2018). From 2011 to 2021, the percentage of White students experiencing persistent feelings of hopelessness and sadness increased from approximately 27% to 35%, whereas for Latinx students, the prevalence of these feelings escalated from about 33% to 46% (Centers for Disease Control and Prevention, 2021). Overall, multiracial and Latinx students were more likely to have persistent feelings of hopelessness and sadness than their peers identifying with other racial or ethnic groups. One study found that Latinx adolescents were at greater risk of having elevated
depressive symptoms compared to non-Latinx adolescents (Davis et al., 2022). Additionally, compared to White youth, Latinx youth have endorsed significantly greater depressive symptoms (Lopez et al., 2017). Similarly, findings from a meta-analysis examining 310 racially/ethnically diverse samples revealed that Latinx children and adolescents endorsed significantly greater depressive symptoms than their Black and White non-Latinx counterparts (Twenge & Nolen-Hoeksema, 2002). Suicidal ideation and behavior are symptoms commonly associated with depressive mood. There is evidence suggesting that Latinx adolescents are more likely to make a suicide attempt compared to their peers identifying with other races and ethnicities (Gomez et al., 2011; Swahn et al., 2008). Compared to White and Black non-Latinx ninth through twelfth grade youth, Latinx youth are more likely to consider, plan, or attempt to die by suicide (Silva & Van Orden, 2018).

Peer Victimization

In school-based contexts, peer victimization has been defined as “the intentional and repeated harm of a less powerful person by a more powerful person/s,” and it can take on many forms (e.g., physical, verbal, etc.) (Christina et al., 2021). There are two main types of peer victimization that have been examined in peer-reviewed literature: Overt (direct) victimization has been defined as threatening or attempting to harm the victim’s well-being (e.g., hitting, name-calling) (Bauman, 2008; Crick & Bigbee, 1998). In contrast, relational victimization involves threatening or harming the victim’s social status or relationships with others (e.g., spreading rumors) (Bauman, 2008; Crick & Bigbee, 1998). The U.S. Department of Education (2019) revealed that in 2016-2017, 15.7% of Latinx adolescents ages 12-18 reported being bullied at school. Latinx adolescents experienced different forms of overt victimization, such as being made fun of, insulted, or called names (8.9%); threatened with harm (2.6%); shoved,
tripped, pushed, or spit on (4.6%); and having their property destroyed on purpose (0.6%). Additionally, Latinx adolescents suffered from various types of relational victimization, such as having rumors spread about them (10.6%); being pressured to do things they did not want to do (1.4%); and purposely being excluded from activities (3.3%) (U.S. Department of Education, 2019). Another study reported that approximately 26% of a sample of Mexican adolescents experienced at least one incident of overt (i.e., verbal and/or physical) peer victimization in a two-week span (Espinoza et al., 2013). Taken together, these statistics help illustrate the prevalence of this issue among Latinx youth.

Peer victimization is a stressor associated with a host of negative mental health outcomes, such as greater internalizing problems (Christina et al., 2021; Crick & Bigbee, 1998), PTSD scores in the clinical range (Adams et al., 2016), anxiety (Moore et al., 2017), general psychological distress (Espinoza et al., 2013), depression (Forster et al., 2013; Moore et al., 2017), self-harm, and suicidal ideation and attempts (Moore et al., 2017; Romero et al., 2013). The relation between victimization and depressive symptoms, specifically, has been well-documented. Relational victimization predicted depressive symptoms among a sample of predominantly Latinx third through fifth graders (Bauman, 2008). Similarly, in a sample of Mexican American sixth through eighth graders, both direct and indirect peer victimization strongly predicted depressive symptoms (Bauman & Summers, 2009). A longitudinal study of Latinx adolescents examined profiles of perceived discrimination, bullying victimization, school safety, and social support as they related to depressive symptoms, and the authors found that those who experienced very high bullying and very high perceived discrimination also reported the highest levels of depressive symptoms (Lorenzo-Blanco et al., 2016).
Theoretical Framework

García Coll and colleagues (1996) proposed an integrative model containing various interacting sociocultural factors that could potentially promote or inhibit the development of children of color (see Figure 1 for a visual). At the time of its development, there were several gaps in the literature that the authors wanted to address by proposing the model. For instance, there was a lack of focus on sociocultural influences contributing to the development of children of color. Additionally, Garcia Coll et al. pointed out that particularly when it came to children of color, the literature often adopted a deficits approach and focused on negative developmental outcomes, rather than examining potential strengths and assets that can come from cultural differences and diversity. Finally, at the time, while there was an emphasis on between-group comparisons regarding child development, there had not been much research considering within-group variability, which suggests a lack of consideration for racial and ethnic diversity (García Coll et al., 1996). Indeed, White middle-class populations were, and still are, implicitly used as the golden standard for comparison against children of color. To challenge this, the authors used Black and Puerto Rican children as examples as they delineated their theoretical framework.

The theoretical framework presented by García Coll and colleagues (1996) implies that the sociocultural factors impacting the development of children of color are not limited to individual or microsystemic factors (e.g., families, schools, neighborhoods, etc.). Macrosystemic factors, such as ethnicity, can influence child development. Latinx children, in particular, are often impacted by stressors such as microaggressions and discrimination (Ayón & Philbin, 2017), which can contribute to what García Coll and colleagues refer to as an inhibiting environment for child development. While peer victimization and discrimination are two separate constructs, there is substantial evidence that peer victimization, regardless of whether it
is racially or ethnically motivated, can negatively influence child development by contributing to an inhibiting environment in school settings (Benner et al., 2018; Espinoza et al., 2013; Nakamoto & Schwartz, 2011).

García Coll and colleagues’ (1996) integrative model focuses mainly on developmental competencies and less explicitly on mental health outcomes. Nevertheless, there is an abundance of evidence that the influence of cultural stressors and developmental processes has direct implications for children’s mental health, particularly for those of immigrant background. For example, a review of such factors, anchored in three theoretical frameworks, including García Coll et al.’s integrative model of child development, discussed how transcultural (e.g., economic pressure, neighborhood disadvantage) and culture-specific stressors (e.g., acculturative stressors, discrimination) interact with developmental processes to influence mental health outcomes among immigrant-origin youth, such as internalizing problems, externalizing problems, and suicidality (Kim et al., 2018). Furthermore, a correlational study, also influenced by García Coll et al.’s integrative model, revealed that discrimination was significantly associated with greater depressive symptoms among Black children (Simons et al., 2002). Together, these findings demonstrate that García Coll and colleagues’ integrative model can be used to not only predict developmental outcomes, but also mental health outcomes among Latinx youth.

The current study highlights two variables that can fit within García Coll et al.’s model: acculturative stress and ethnic identity. The integrative model has shown that cultural factors such as acculturation can lead to a variety of developmental outcomes, which is similar to how acculturative stress has been associated with many negative mental health outcomes in previous research. Based on an emerging body of research, ethnic identity could have the potential to buffer the impact of acculturative stress on the relation between peer victimization and
depressive symptoms. While ethnic identity is tied to adaptive culture (e.g., traditions and cultural legacies), this protective factor is not explicitly addressed in García Coll and colleagues’ model, even though this framework was inspired by the initial dearth of research that accounted for the unique cultural experiences of racial/ethnic minority youth.

**Risk and Protective Factors of Peer Victimization**

There are various risk and protective factors that could impact the association between peer victimization and depressive symptoms among youth and adolescents in general. Regardless of ethnicity, studies have identified within-group demographic factors, such as gender and age, as variables associated with peer victimization. Perhaps because of socialization into traditional gender roles, girls tend to experience more relational peer victimization, while boys are more likely to be targeted for overt peer victimization (Cole et al., 2010; Crick & Bigbee, 1998; Hong et al., 2014). In a study of predominantly White third through sixth grade students, both boys and girls in older grades were less likely to experience peer victimization (Cole et al., 2010).

A literature review by Hong & Espelage (2012) examined risk and protective factors associated with bullying and peer victimization in school settings through Urie Bronfenbrenner’s (1979) ecological systems theory of human development. Hence, the authors reviewed micro-, meso-, exo-, macro-, and chronosystemic risk and protective factors of bullying and peer victimization. Drawing from the different levels of Bronfenbrenner’s ecological framework, the authors identified a variety of factors that have been associated with an increased risk of bullying and peer victimization, such as having low levels of peer acceptance and social support, living in unsafe neighborhoods, and the ubiquitous cultural normalization of toxic masculinity, which contributes to the rationalization of the victimization of girls and younger students by older boys. In contrast, from an ecological perspective, protective factors against bullying and peer
victimization include greater peer acceptance, a sense of school connectedness, and teachers intervening in situations where students are being bullied or victimized (Hong & Espelage, 2012).

Literature has also illuminated some risk and protective factors specifically pertaining to Latinx youth and adolescents, such as gender, socioeconomic status, and nativity. In a sample of Latinx adolescents, girls were bullied disproportionately more than boys (Lorenzo-Blanco et al., 2016). Regarding socioeconomic status, low-income Latinx students are more likely to be bullied (Hong et al., 2014). It has also been found that immigrant adolescents experience less victimization than their U.S.-born counterparts (Sabina et al., 2021). This finding is in line with the immigrant paradox, which suggests that as immigrant youth acculturate, they are likely to have worse social and mental health outcomes (Hong et al., 2014).

Strikingly, the results of the present literature search revealed that only three known studies fit the following criteria: (a) at least 75% of the sample was composed of Latinx-identified participants, (b) the study examined victimization in a school setting as an independent variable, (c) the study examined some kind of mental health outcome as a dependent variable, (d) it was not a review or a meta-analysis, (e) it was conducted in the U.S., and (f) the study examined a moderator of the relation between victimization and mental health. In the first study, it was found that among Latinx high school students, time spent with friends and perceived friendship quality both buffered the relation between cyber victimization and adjustment problems (e.g., depressive symptoms) (Espinoza, 2018). In the second study, peer support buffered the association between relational victimization and depressive symptoms among a predominantly Latinx sample of high school students (Cooley et al., 2015). In the third study, parental support was found to be a protective factor against the effects of relational victimization
on depressive symptoms in a sample of Latinx early adolescents (Fernandez et al., 2020).
Overall, this evidence suggests that social support is imperative for Latinx child and adolescent mental health, which is an important contribution to this field of research. Nonetheless, the results of this literature search for the current study illuminated the lack of research on potential cultural factors that could moderate the association between peer victimization and negative mental health outcomes among Latinx youth.

**Acculturative Stress and Mental Health**

Acculturative stress has been conceptualized as stress resulting from the process of acculturation, which in turn has been defined as “culture change which results from continuous, firsthand contact between two distinct cultural groups” (Berry et al., 1987, p. 491). Few studies have examined acculturative stress, victimization, and depressive symptoms together, even considering the evidence of acculturative stress’ association with both victimization and depressive symptoms. Acculturative stress has been found to be correlated with higher levels of victimization among a predominantly Latinx sample of ninth graders, and bullying victimization mediated the relation between acculturative stress and depressive symptoms (Forster et al., 2013). Acculturative stress has been linked to many forms of internalizing distress. To elaborate, acculturative stress has positively predicted social anxiety and loneliness (Polo & López, 2009), and it has been associated with higher levels of depression (Greene et al., 2006; McCord et al., 2019; Perreira et al., 2019; Wu et al., 2020), and even a suicide attempt history (Gomez et al., 2011). Latinx students have been found to experience higher acculturative stress compared to White and Black non-Latinx students, suggesting that they face unique challenges that could make them more vulnerable to depression and other mental health problems (Haboush et al., 2015). For example, compared to other races and ethnicities, Latinx youth were the most likely
to report that they had experienced bias victimization because of their families’ country of origin (Mitchell et al., 2020). For the purposes of this study, three components of acculturative stress were examined as moderators of the relation between peer victimization and depressive symptoms among Latinx youth: (1) language conflicts and stressors, (2) cultural conflicts and stressors, and (3) discrimination.

**Language Conflicts and Stressors**

Latinx youth of both immigrant and U.S.-born backgrounds experience different bicultural stress. While immigrant youth reported stress related to problems at school due to low English proficiency, U.S.-born youth reported stress regarding feeling pressure to better their Spanish (Romero & Roberts, 2003). Compared to their U.S.-born counterparts, immigrant Mexican American youth reported more acculturative stress, lower English proficiency, and higher Spanish proficiency (Polo & Lopez, 2009). In the context of acculturation, it has been found that more assimilated Mexican American youth and adolescents are frequently criticized by their peers, particularly those from recent immigrant backgrounds, for losing touch with their culture and becoming too “Americanized” (Holleran & Jung, 2005). This condemnation is especially prevalent when the youth do not speak Spanish. In one sample of Latinx youth, approximately 75% of participants reported concerns regarding immigration and language brokering (Stein et al., 2012).

There are several studies that have examined associations between language conflicts and stressors and mental health outcomes among immigrant-origin youth. For example, one study found that recent arrival to the U.S. and a low likelihood of having mastered a second language were found to positively predict depression among Latinx youth (Lo et al., 2017). Additionally, another study found that over time, higher English language proficiency predicted decreased
depressive symptoms among a sample of low-income Latinx youth (Colón-Quintana et al., 2022). A longitudinal study examining a large sample of immigrant youth across seven waves (beginning in the fall of kindergarten and ending in the spring of eighth grade) found that participants with limited English proficiency experienced more school anxiety and depression than native English speakers (Kremer & House, 2020). Furthermore, among a sample of predominantly low-income Latinx students, higher Spanish proficiency and use was associated with higher harm avoidance, which Cloninger (1987) defined as “a heritable tendency to respond intensely to signals of aversive stimuli, thereby learning to inhibit behavior to avoid punishment, novelty, and frustrative nonreward” (p. 575) (Martinez et al., 2012). Among a sample of Latinx immigrant-origin kindergarten children, English competence was significantly correlated with all dimensions of well-being measured (i.e., interpersonal strength, intrapersonal strength, affective strength, connection to family, and school functioning) (Collins et al., 2011). Similarly, Spanish competence was significantly correlated with all dimensions of well-being measured, except for connection to family. Furthermore, English proficiency has been shown to have a significant negative correlation with internalizing problems among Mexican American youth (Polo & López, 2009).

A large longitudinal study examined the relation between language capabilities and developmental trajectories among a sample of Latinx children from kindergarten to fifth grade (Han, 2010). Five categories of language proficiency were identified: (1) English Monolinguals, (2) English-Dominant Bilinguals, (3) Fluent Bilinguals, (4) Non-English-Dominant Bilinguals, and (5) Non-English Bilinguals. Overall, results indicated that by fifth grade, children who spoke a non-English language (specifically Fluent Bilingual and Non-English-Dominant participants) had better socioemotional outcomes than their White English Monolingual peers, suggesting that
bilingualism could be a protective factor for the mental health of Latinx youth (Han, 2010). Among a small sample of Latinx children referred to an outpatient child and adolescent psychiatry clinic, limited bilingual language skills were significantly associated with higher rates of emotional and behavioral problems (Toppelberg et al., 2002).

**Cultural Conflicts and Stressors**

Latinx youth encounter a multitude of cultural conflicts and stressors that have been shown to impact their mental health and general well-being (McCord et al., 2019; Perreira et al., 2019). Consistent with the immigrant paradox, a study that examined acculturation as a variable of interest in relation to peer victimization and depression found that Anglo-oriented Mexican Americans reported more depressive symptoms than those identifying as bicultural (Bauman & Summers, 2009). Similarly, U.S. collective self-esteem (i.e., a higher connectedness to U.S. culture) was identified as a risk factor for anxiety and depression among Latinx adolescents (Gupta et al., 2014). Additionally, a longitudinal study following Latinx youth from kindergarten to third grade found that U.S.-born children tended to have greater internalizing symptoms than those born outside of the U.S. (Dawson & Williams, 2008). However, another study found that immigrant Mexican American youth exhibited higher internalizing distress (i.e., loneliness, social anxiety/fears) than their U.S.-born counterparts (Polo & López, 2009). Among a sample of Latinx sixth through eighth grade students and their families, it was found that parental reports of higher levels of affiliative obedience (i.e., respect for and deference to parental authority) than their children were associated with a greater likelihood of these youth endorsing depressive symptoms (Stein & Polo, 2014). This association was particularly true for older adolescents. Because family plays such an integral role in Latinx cultures, cultural conflicts and stressors are important to examine in the context of family functioning.
**Discrimination**

Discrimination based on ethnic background is a common experience for many Latinxs, and this cultural stressor has been associated with many adverse mental health outcomes (Andrade et al., 2021). Additionally, among a sample of mostly Latinx adolescents, frequent microaggressions have been shown to be associated with depressive and somatic symptoms, which provides support for the assertion that microaggressions are not benign and should not be dismissed as a mere annoyance (Huynh, 2012). Perceived discrimination has been associated with poor mental health outcomes among Puerto Rican children and adolescents, such as depression (Szalacha et al., 2003). Discrimination has even been linked to suicidality. Specifically, among a sample of Latinx emerging adults, discrimination was associated with three times higher odds of having a suicide attempt history (Gomez et al., 2011). While increased discrimination has been linked to greater suicidality among Latinx adolescents, this relation was stronger among girls (Vargas et al., 2021). One explanation for this could be that Latinx girls experience multi-marginalization and discrimination based on their intersecting gender identity and ethnic background.

In sum, while several aspects of acculturative stress have been associated with mental health problems among Latinx youth, there are currently no known studies that have examined acculturative stress, or any of its three components outlined above, as a moderator of the relation between peer victimization and depressive symptoms.

**Ethnic Identity and Mental Health**

Phinney (1991) identified ethnic identity as a formative component to the development of children of color, which she defined as a multidimensional “sense of identification with one’s ethnic group” (p. 193). Overall, there is extensive evidence supporting ethnic identity as a
protective factor for youth and adolescents of color, including those of Latinx backgrounds (Smith & Silva, 2011). Generally, ethnic identity is associated with thriving among Latinx adolescents (Alvarado & Ricard, 2013). High ethnic identity salience (i.e., its importance or relevance in a specific context) was found to be associated with beneficial mood outcomes, such as more positivity, less negativity, and less anxiety (Douglass et al., 2016). Furthermore, students from this sample experiencing higher levels of ethnic identity affirmation experienced fewer depressive symptoms. Cross and colleagues (2018) found that over a period of three years, the three dimensions of ethnic identity (i.e., centrality, private regard, and public regard) were all associated with fewer depressive symptoms among Latinx adolescents. A latent profile analysis revealed that Latinx and Black adolescents in the developed and idealized (i.e., higher mean scores for centrality, and private and public regard) profile had the highest levels of psychological adjustment (Wantchekon & Umaña-Taylor, 2021). In a sample of Latinx youth, ethnic identity affirmation was found to be positively associated with self-esteem and negatively associated with externalizing problems (Umaña-Taylor et al., 2015). In a study of Mexican descent adolescents, it was found that ethnic identity affirmation and resolution were both indirectly related to fewer depressive symptoms and greater life satisfaction through self-esteem (Piña-Watson et al., 2017). There appears to only be one study that has examined ethnic identity as a moderator of the relation between peer victimization and a mental health outcome. Specifically, ethnic identity affirmation moderated the association between peer discrimination and externalizing problems, such that the relation between the two variables was only significant for Latinx youth with low ethnic identity (Umaña-Taylor et al., 2015).

**Ethnic Identity and Acculturative Stress**
Presently, there are no known studies that have examined the relation between the general construct of acculturative stress and ethnic identity among Latinx youth. However, there has been some research conducted that has investigated how different components of acculturative stress have been linked to ethnic identity. In the following section, acculturative stress is analyzed through its three components in relation to ethnic identity. While not much is currently known about how language conflicts and stressors are related to ethnic identity development among Latinx adolescents, there are some linguistic variables that could potentially serve as protective factors. For example, it was found that a sample of Latinx adolescents’ positive feelings towards language brokering were associated with greater ethnic identity and a stronger attachment to their ethnic group and culture (Weisskirch, 2005). Additionally, among a sample of Asian and Latinx adolescents, heritage language proficiency predicted a healthier development of ethnic identity (Oh & Fuligni, 2010).

There are a couple of studies that have examined cultural conflicts and stressors in relation to ethnic identity. For example, ethnic identity was found to moderate the association between cultural and educational stress and somatic problems (Torres & DeCarlo Santiago, 2017). Unexpectedly, participants who reported higher levels of ethnic identity exploration and greater cultural and educational stress also reported more somatic problems. Furthermore, Latinx youth who had diffused (i.e., low levels of identity exploration and low resolution) ethnic identity status reported a significant positive relation between bicultural stress and hopelessness (Romero et al., 2018). Surprisingly, this association was also significant for Latinx youth with achieved (i.e., high exploration and resolution) ethnic identity, and more bicultural stress was also associated with more depressive symptoms among this group of participants.
The link between discrimination and ethnic identity has been well-documented in the literature, although there are mixed findings on the nature of this relation. Interestingly, Meca and colleagues (2020) discovered a bidirectional relation between discrimination and ethnic identity among a sample of Latinx immigrant youth; specifically, higher levels of ethnic identity were associated with greater experiences with discrimination. To elaborate, as these youth found a greater sense of belonging within their ethnic group, they likely also became more aware of the significance of ethnicity in social interactions, thus leading them to report more discrimination (Meca et al., 2020). Discrimination also predicted increased ethnic identity affirmation among a sample of youth of Mexican descent (Baldwin-White et al., 2017). However, in another study, Latinx male adolescents who reported higher discrimination endorsed lower ethnic identity affirmation (i.e., fewer positive feelings about their ethnic group) (Umaña-Taylor & Guimond, 2010). Peer discrimination moderated the association between acculturation conflict and ethnic private regard, such that greater acculturation conflict only predicted lower ethnic private regard in the context of high levels of peer discrimination (Huq et al., 2016).

In a couple of studies, ethnic identity has been shown to be a protective factor against the adverse effects of discrimination on mental health outcomes. Among a racially and ethnically diverse sample of adolescents, ethnic identity affirmation moderated the association between discrimination and self-esteem. Specifically, there was a stronger negative correlation between discrimination and self-esteem for students with low compared to high ethnic identity affirmation, suggesting that positive feelings about one’s ethnic group could serve as a protective factor (Greene et al., 2006). Ethnic identity has also mitigated the relation between peer discrimination, anxiety, and suicidal ideation among Latinx emerging adults, which further supports ethnic identity as a potential protective cultural factor (Cheref et al., 2019).
Although acculturative stress and ethnic identity are both cultural factors that have important implications for the mental health of Latinx youth, there are no studies that have examined either ethnic identity or acculturative stress as moderators of the relation specifically between peer victimization and depressive symptoms in this population. Hence, the present study was the first one to examine acculturative stress and ethnic identity as separate moderators of the relation between peer victimization and depressive symptoms among Latinx youth, as well as to examine acculturative stress and ethnic identity as combined moderators of this relation. (See Figure 2 for a visual).

**Rationale**

In short, the detrimental effects of peer victimization on the mental health of youth and adolescents have been well-documented in the literature. While there have been numerous studies that have examined the relation between discrimination and various mental health outcomes among Latinx youth, few studies have specifically examined peer victimization and depressive symptoms in this population. Acculturative stress has been identified as a risk factor for adverse mental health outcomes among Latinx youth, while the literature has identified ethnic identity as an important protective factor in this demographic. It is possible that ethnic identity affirmation could act as a buffer against the combined effects of peer victimization and acculturative stress on youth maladjustment. For this reason, ethnic identity was examined as a moderator of the interaction between peer victimization and acculturative stress on depressive symptoms.

**Aims and Hypotheses**

Prior to running the main analyses, some preliminary analyses are conducted to explore potential correlations between demographic variables of interest (i.e., age, gender, and nativity)
and depressive symptoms. Demographic variables significantly associated with depressive symptoms are later used as covariates for the main analyses. It is predicted that after controlling for age, gender, and/or nativity, the hypotheses outlined below will still be supported.

The main aims and hypotheses of the current study are as follows:

1. To establish whether the three components of acculturative stress serve as moderators and risk factors between peer victimization and depressive symptoms.

   (1a) Language conflicts, the first component of acculturative stress, are examined as a potential moderator and risk factor of the relation between peer victimization and depressive symptoms. It is hypothesized that language conflicts will moderate this relation between peer victimization and depressive symptoms. It is expected that peer victimization will be significantly associated with youth depressive symptoms, but particularly among youth experiencing high levels of language conflicts.

   (1b) Cultural conflicts, the second component of acculturative stress, are examined as a potential moderator and risk factor of the relation between peer victimization and depressive symptoms. It is predicted that cultural conflicts will moderate this relation. It is hypothesized that peer victimization will be significantly associated with youth depressive symptoms, but particularly among youth experiencing high levels of cultural conflicts.

   (1c) Discrimination, the third component of acculturative stress, is examined as a potential moderator and risk factor of the relation between peer victimization and depressive symptoms. It is expected that discrimination will moderate this relation. It is predicted that peer victimization will be significantly associated with youth depressive symptoms, but particularly among youth experiencing high levels of discrimination.
2. Ethnic identity is also examined as a potential moderator and protective factor of the relation between peer victimization and depressive symptoms. It is hypothesized that ethnic identity will moderate this relation. In other words, peer victimization’s association with youth depressive symptoms will be significant but will be attenuated among youth with high levels of ethnic identity.

3. Finally, a moderated moderation model is also evaluated to further examine the potential protective role of ethnic identity (see Figure 2). This study examines whether the moderation effects of the acculturative stress components examined in Aim 1 are moderated by ethnic identity.

(3a) The first moderated moderation model for this aim examines the potential protective role of ethnic identity on the moderation effects of language conflicts. For example, this aim explores whether youth experiencing high levels of language conflicts are especially likely to have symptoms of depression associated with peer victimization, unless they have high levels of ethnic identity.

(3b) The second moderated moderation model for this aim examines the potential protective role of ethnic identity on the moderation effects of cultural conflicts. For instance, whether youth experiencing high levels of cultural conflicts are particularly likely to have depressive symptoms associated with peer victimization, unless they have high levels of ethnic identity.

(3c) The third and final moderated moderation model for this aim examines the potential protective role of ethnic identity on the moderation effects of discrimination. For example, whether youth experiencing high levels of discrimination are especially likely to have depressive symptoms associated with peer victimization, unless they have high levels of ethnic identity.
Method

Participants

The sample for this study included 297 Latinx youth recruited from nine public elementary and middle schools in Chicago, Illinois. Across the Chicago Public Schools included in the present study, the percentage of Latinx students \( n = 4468 \) ranged from 24.8% - 91.8% at the time of the study \( (M = 81.6\%, SD = .20) \) (Chicago Public Schools, 2013). Furthermore, the median percentage of Latinx students across schools was 84.4%. The sample was comprised of female- \( n = 165; 55.6\% \) and male-identified \( n = 132; 44.4\% \) youth, ages 10-14 \( (M = 11.44, SD = .95) \). The youth were attending fifth \( n = 71; 23.9\% \), sixth \( n = 111; 37.4\% \), and seventh grade \( n = 115; 38.7\% \) at the time of the study. Participants in this study identified as Latinx only \( n = 269; 90.6\% \), mixed Latinx and African American only \( n = 11; 3.7\% \), mixed Latinx and European American only \( n = 15; 5.1\% \), and mixed three or more ethnic groups, including Latinx \( n = 2; .7\% \). The youth were of Mexican American \( n = 205; 69.0\% \), Puerto Rican \( n = 33; 11.1\% \), Central or South American \( n = 18; 6.1\% \), Cuban American \( n = 1; .3\% \), mixed \( n = 38; 12.8\% \) and other Latinx nationalities \( n = 5; 1.7\% \). Participants were first-generation \( n = 23; 7.7\% \), second-generation \( n = 225; 75.8\% \), and third-generation immigrants \( n = 31; 10.4\% \), while the rest were not of immigrant background \( n = 18; 6.1\% \).

Measures

**Demographic Variables.** Participants completed self-report questionnaires asking about demographic information such as ethnic background, Latinx subgroup, sex/gender, age, and nativity (i.e., the birthplace of themselves, their parents, and grandparents).

**Depressive Symptoms.** The Children’s Depression Inventory (CDI) is a 27-item self-report questionnaire used to measure depressive symptoms among youth and adolescents. For the
purpose of this study, the suicidal ideation item was excluded. For each item, youth were asked to choose one of three sentences that they feel best describes how they have felt over the last two weeks (Kovacs, 1992). Each item was measured on a three-point scale (0-2), with higher numbers indicating more severe depressive symptoms. Items were reverse-scored as needed so that higher scores on the CDI represented higher symptoms of depression. CDI scores were calculated by averaging across all items to obtain mean scores. A sample item is (a) “I am sad once in a while;” (b) “I am sad many times;” (c) “I am sad all the time.” The CDI demonstrated excellent ($\alpha = .90$) internal consistency in this sample.

**Peer Victimization.** The Multidimensional Peer-Victimization Subscale of the California School Climate and Safety Survey (CSCSS) is a 23-item self-report measure, two of which are included for validity check purposes (Furlong, 1996). This subscale measured three types of peer victimization: physical-verbal harassment, weapons and physical attacks, and sexual harassment. Each item was answered with “yes” or “no,” which were scored as 1 or 0, respectively. Peer victimization scores were calculated by taking the sum of all items, excluding the items solely included for validity check purposes. Higher scores indicated higher levels of peer victimization at school. A sample item is “You were punched or kicked by someone trying to hurt you.” The Multidimensional Peer-Victimization Subscale of the CSCSS demonstrated good ($\alpha = .80$) internal consistency in this sample.

**Acculturative Stress.** The Acculturative Stress Measure is a 9-item self-report measure (Vega et al., 1993) that includes items related to *language conflicts* (2 items), *cultural conflicts* (4 items), and *discrimination* (3 items). A sample item for the language conflicts subscale is “How often has it been hard to get along with others because you don’t speak English well?” A sample item for the cultural conflicts subscale is “How often have you had problems with your
family because you prefer a more American or U.S. way of life?” Finally, a sample item for the discrimination subscale is “How often do people dislike you because you are of your ethnic background?” Items were measured using a scale of 1 (not at all) to 4 (a lot). Scores were calculated by averaging across all items to obtain mean scores. Higher scores indicated higher levels of acculturative stress. The internal consistencies of the language conflicts, cultural conflicts, and discrimination subscales were $\alpha = .61$, $\alpha = .69$, and $\alpha = .69$, respectively. Overall, the Acculturative Stress Measure demonstrated acceptable ($\alpha = .71$) internal consistency in this sample.

**Ethnic Identity.** To assess ethnic identity, the Affirmation and Belonging subscale of the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992) was completed by students. Items were measured using a scale of 1 (strongly agree) to 5 (strongly disagree). Prior to obtaining mean scores, all items were reverse scored, such that higher MEIM scores indicated higher levels of ethnic identity. A sample item is “I have a lot of pride in my ethnic group and its accomplishments.” The Affirmation and Belonging subscale demonstrated good ($\alpha = .81$) internal consistency in this sample.

**Procedure**

The current study utilized data from a larger longitudinal study that focused on identifying and enrolling students in Act & Adapt, a video-guided intervention for children at risk for depression. Except for the child demographic data, which were collected during Phase A, all data used for this cross-sectional study were collected during Phase B of the larger longitudinal study (time 2) and prior to enrolling any students in the intervention. For Phase A, Dr. Antonio Polo, a professor from DePaul University (a private university located in Chicago, Illinois) and a team of research assistants visited classrooms within various Chicago public
schools and delivered a presentation on the classroom surveys they planned to administer. Participants were informed that the purpose of the study is so that the research team can learn more about their behavior, feelings, and ways of dealing with stress. Students brought the parent consent forms home and got them signed before bringing them back. The information in the packets was provided both in English and Spanish. Students whose parents consented (and who themselves assented), completed the surveys at their respective schools. If the youth agreed to partake in the study, they first answered some demographic questions, including information about their sex/gender, ethnicity, subgroup, and nativity. For Phase B, a subsample of Phase A families was contacted via phone and asked to participate, along with their child, in a one-on-one interview that was scheduled at school but after school hours. Parents who consented and youth who assented were interviewed. For this study, only parent demographic data were used, along with child measures of peer victimization, ethnic identity, acculturative stress, and depressive symptoms. Following the completion of all tasks, participants were then debriefed and compensated accordingly. For their participation, the youth were compensated with $25 gift cards.

Results

Preliminary Analyses

Bivariate Pearson correlations were conducted on SPSS to examine associations between all variables (see Table 1). Notably, higher peer victimization, higher language conflicts, higher cultural conflicts, higher discrimination, and lower ethnic identity were significantly associated with higher depressive symptoms. Additionally, higher peer victimization was significantly associated with higher language conflicts, higher cultural conflicts, higher discrimination, and
lower ethnic identity. Furthermore, higher ethnic identity was significantly correlated with lower language conflicts, lower cultural conflicts, and lower discrimination.

Regarding associations between demographic variables of interest and depressive symptoms, gender was the only one shown to be significantly correlated with depressive symptoms (see Table 1). Results of an independent samples t-test indicated that girls endorsed significantly greater depressive symptoms than boys, \( t(295) = -3.25, p < .001 \). The effect size was medium \( (d = .31) \). Gender was the only covariate examined in the regression analyses that follow. Associations between peer victimization and the three acculturative stress domains (i.e., language conflicts, cultural conflicts, and discrimination) were also examined to detect potential multicollinearity \( (r \geq .80) \). The results of the correlations (see Table 1) indicate that multicollinearity was not detected (i.e., \( r \) values were not greater than or equal to .80), so as planned, the three acculturative stress domains were tested as potential moderators of the relation between peer victimization and depressive symptoms.

**Moderated Regression Analyses**

All predictor variables were mean-centered prior to running analyses. All simple moderated regression analyses were conducted using the PROCESS (Hayes, 2022) v3.4 macro (Model 1) on SPSS. Additionally, changes in \( R^2 \) from the overall fit of regression models 1 and 2 (the latter of which controlled for gender) for each analysis were examined using a series of Steiger’s Z-tests (Steiger, 1980). While statistical significance was evaluated using conventional measures (i.e., \( p \leq .05 \)), two- and three-way interactions yielding p-values less than or equal to .10 were still plotted and probed with simple slope analyses to visualize and interpret trends. Additionally, post hoc analyses were conducted to further clarify whether the regression
coefficients of the simple slopes of each interaction (.05 < p < .10) differed significantly from one another.

Currell (2015) demonstrates how to perform pairwise slope difference t-tests on Microsoft Excel following the probing and plotting of simple slopes for two- and three-way interactions. First, the difference between slopes 1 (b1) and 2 (b2) is calculated. Second, the squared standard errors (SE) of b1 and b2 are summed to compute the SE of the difference. Third, the raw slope difference (i.e., b1-b2) is divided by the SE of the difference to calculate the t-score. Finally, using the t-value and degrees of freedom, the p-value is determined through the T.DIST.2T Excel function, which calculates the probability for a two-tailed t-distribution (Currell, 2015). For the purposes of the current study, if p ≤ .05, the regression coefficients of b1 and b2 are significantly different from one another, meaning that the magnitude of the relation between peer victimization and depressive symptoms is also significantly different across b1 and b2. Particularly in cases where the relation between peer victimization and depressive symptoms is significant at low, medium, and high levels of the moderator, the objective of the slope difference tests is to further investigate whether higher peer victimization is a significantly stronger predictor of higher depressive symptoms at any given level of the moderator. It is important to note that these post hoc analyses were only conducted for interaction effects yielding p-values ≤ .10, since these values at least provided insights regarding trends even if they were non-significant.

**Hypothesis 1**

**Hypothesis 1a.** Table 2 displays the results of a simple moderated regression analysis examining the relation between peer victimization and depressive symptoms with language conflicts as a moderator. The overall fit for Model 1 (without gender) was significant (F(3,293) =
35.10, \( p < .001, R^2 = .26 \)). However, the interaction effect of peer victimization and language conflicts on depressive symptoms was non-significant. The overall fit of Model 2 (with gender) was significant as well \( (F(4,292) = 32.38, p < .001, R^2 = .31) \). The interaction effect of peer victimization and language conflicts on depressive symptoms remained non-significant. The difference in \( R^2 \) values between Model 1 and Model 2 were non-significant, as determined by Steiger’s Z-test \( (Z = .70, p = .49) \), which indicates that there was no significant difference in the amount of variance explained by each model.

**Hypothesis 1b.** Table 3 shows the results of the moderated regression analysis investigating the relation between peer victimization and depressive symptoms with cultural conflicts as a moderator. The overall fit of Model 1 (without gender) was significant \( (F(3,292) = 34.71, p < .001, R^2 = .26) \). Consistent with hypothesis 1b, the interaction effect of peer victimization and cultural conflicts on depressive symptoms was significant. To further explore this interaction, the conditional effect of peer victimization on depressive symptoms was examined at low, medium, and high levels of cultural conflicts using simple slope analyses (see Figure 3). At low, medium, and high levels of cultural conflicts, higher peer victimization scores were a significant predictor of greater depressive symptoms. The fit for Model 2 (with gender) was significant \( (F(4,291) = 32.04, p < .001, R^2 = .31) \). After adding gender as a covariate, the interaction effect of peer victimization and cultural conflicts on depressive symptoms was no longer significant. The change in \( R^2 \) values between Model 1 and Model 2 was not statistically significant \( (Z = .70, p = .49) \).

After finding a significant interaction effect of peer victimization and cultural conflicts on depressive symptoms, the first set of three pairwise slope difference tests was conducted (see Table 4). It was found that peer victimization was a significantly stronger predictor of depressive
symptoms for participants with low levels of cultural conflicts than those with high levels. However, the regression coefficient of medium cultural conflict levels was not significantly different from those of low nor high cultural conflict levels. Additionally, youth with higher levels of cultural conflicts also exhibited more depressive symptoms across low, medium, and high peer victimization levels.

**Hypothesis 1c.** The results of a moderated regression analysis examining the relation between peer victimization and depressive symptoms with discrimination as a moderator are shown in Table 5. The overall fit for Model 1 (without gender) was significant ($F(3,293) = 29.27, p < .001, R^2 = .23$). The interaction effect between peer victimization and discrimination on depressive symptoms was non-significant. Nonetheless, because $p < .10$, this two-way interaction was probed with simple slope analyses at low, medium, and high levels of discrimination (see Figure 4). At low, medium, and high levels of discrimination, higher peer victimization significantly predicted more depressive symptoms among youth. The overall fit for Model 2 (with gender) was significant ($F(4,292) = 27.74, p < .001, R^2 = .28$). Nonetheless, the interaction effect of peer victimization and discrimination on depressive symptoms was still not statistically significant. Similarly to hypotheses 1a and 1b, the difference in $R^2$ values between Model 1 and Model 2 was non-significant ($Z = .73, p = .46$).

The second set of slope differences tests was performed after plotting the interaction effect of peer victimization and discrimination on depressive symptoms (see Table 6). Notably, none of the pairwise slope difference tests yielded significant results, meaning that none of the regression coefficients at low, medium, or high levels of discrimination were significantly different. However, youth with high discrimination levels tended to experience more depressive symptoms, particularly at low peer victimization levels.
Hypothesis 2

The results of the moderated regression analysis investigating the relation between peer victimization and depressive symptoms with ethnic identity as a moderator are displayed in Table 7. The overall fit for Model 1 (without gender) was significant ($F(3,293) = 35.21, p < .001$, $R^2 = .27$). However, the interaction effect of peer victimization and ethnic identity on depressive symptoms was not significant. The overall fit for Model 2 (with gender) was significant ($F(4,292) = 31.96, p < .001$, $R^2 = .30$). The interaction effect of peer victimization and ethnic identity on depressive symptoms remained non-significant. There was no statistically significant change in $R^2$ values from Model 1 to Model 2 ($Z = .63, p = .53$).

Moderated Moderation Regression Analyses

As with the simple moderation regression analyses, all predictor variables were mean-centered prior to beginning moderated moderation regression analyses. All moderated moderation regression analyses were conducted using the PROCESS (Hayes, 2022) v3.4 macro (Model 3) on SPSS. Similarly to the simple moderation regression analyses, Steiger’s $Z$-tests were used to examine differences in $R^2$ values between Model 1 and Model 2 for all moderated moderation regression analyses. The same guidelines previously outlined for determining statistical significance (i.e., $p \leq .05$) and when to probe and plot interactions (i.e., $p \leq .10$) were also applied to moderated moderation regression analyses. Furthermore, as appropriate, post hoc analyses were again conducted to identify any significant differences in the regression coefficients of the simple slopes. As with the moderated regression analyses, slope difference tests were again conducted as appropriate (Currell, 2015). Additionally, select lower-order two-way interactions were further explored after plotting the higher-order three-way interaction for hypothesis 3b.
Hypothesis 3

Hypothesis 3a. The first moderated moderation regression analysis examined the potential protective effect of ethnic identity on the effect of language conflicts on the relation between peer victimization and depressive symptoms, and the results are shown in Table 8. The overall fit for Model 1 (without gender) was significant \( F(7,289) = 18.82, p < .001, R^2 = .31 \). Contrary to predictions, the higher-order three-way interaction effect of peer victimization, language conflicts, and ethnic identity on depressive symptoms was non-significant \( F(1,289) = 1.25, p = .26 \). The overall fit for Model 2 (with gender) was significant \( F(8,288) = 19.19, p < .001, R^2 = .35 \). The higher-order three-way interaction remained non-significant \( F(1,289) = .78, p = .38 \). As with all simple moderated regression analyses, there was no significant difference in \( R^2 \) values between Model 1 and Model 2 \( Z = .55, p = .59 \).

Hypothesis 3b. Table 9 shows the results of the moderated moderation regression analysis that investigated the potential buffering effect of ethnic identity on the impact of cultural conflicts on the relation between peer victimization and depressive symptoms. The overall fit of Model 1 was significant \( F(7,288) = 18.30, p < .001, R^2 = .31 \). The two-way interaction effect of peer victimization and cultural conflicts remained significant when contextualized within a higher-order three-way interaction with ethnic identity.

The three-way interaction effect of ethnic identity on the impact of peer victimization and cultural conflicts on depressive symptoms was not statistically significant \( F(1,288) = 3.38, p = .07 \). Nonetheless, this interaction was probed and plotted to visualize general trends (see Figures 5A through 5C). A total of nine final slope difference tests were also performed to better understand the results of the interaction effect of peer victimization and cultural conflicts on depressive symptoms at low, medium, and high ethnic identity levels (see Tables 10, 11 and 12).
respectively). At low and medium levels of ethnic identity, higher peer victimization significantly predicted greater depressive symptoms at low, medium, and high levels of cultural conflicts. At low ethnic identity levels, there were no significant differences between the regression coefficients for low, medium, or high cultural conflict levels. Nonetheless, at medium ethnic identity levels, peer victimization was a significantly stronger predictor of more depressive symptoms at low cultural conflict levels than high levels. However, the regression coefficient of medium cultural conflict levels was not significantly different from those of low nor high cultural conflict levels. Finally, at high levels of ethnic identity, higher peer victimization only predicted greater depressive symptoms at low and medium levels of cultural conflicts. Additionally, at high ethnic identity levels, peer victimization was found to be a stronger predictor of depressive symptoms at low cultural conflict levels than high levels. However, particularly at low peer victimization levels, youth with high cultural conflict levels experienced more depressive symptoms. These results provide support for ethnic identity as a potential mitigating factor against the effects of peer victimization and cultural conflicts on depressive symptoms.

The overall fit for Model 2 (with gender) was significant \( F(8,287) = 18.97, p < .001 \), \( R^2 = .35 \). The two-way interaction effect of peer victimization and cultural conflicts on depressive symptoms remained significant after controlling for gender. Finally, the three-way interaction effect remained non-significant after adding gender as a covariate \( F(1,287) = 2.70, p = .10 \). There were no significant changes in \( R^2 \) values between Model 1 and Model 2 \( (Z = .61, p = .54) \). Hypothesis 3c. Moderated moderation regression analyses were conducted to examine the potential mitigating effect of ethnic identity on the impact of discrimination on the relation between peer victimization and depressive symptoms, and the results are shown in Table 13. The
overall fit for Model 1 (without gender) was significant \( (F(7,289) = 17.48, p < .001, R^2 = .30) \). In the context of the higher-order three-way interaction between peer victimization, discrimination, and ethnic identity on depressive symptoms, the two-way interaction between peer victimization and discrimination became statistically significant. However, the three-way interaction effect was non-significant \( (F(1,289) = 1.34, p = .25) \).

The overall fit for Model 2 (with gender) was significant \( (F(8,288) = 17.84, p < .001, R^2 = .33) \). The lower-order two-way interaction between peer victimization and discrimination on depressive symptoms remained statistically significant after controlling for gender. Finally, the three-way interaction between peer victimization, discrimination, and ethnic identity on depressive symptoms remained non-significant after controlling for gender \( (F(1,288) = 1.27, p = .26) \). As with all previous analyses, the \( R^2 \) values of Model 1 and Model 2 were not significantly different from one another \( (Z = .53, p = .59) \).

**Exploring Acculturative Stress by Ethnic Identity Interactions**

Additional analyses were conducted to explore the lower-order interactive effect of ethnic identity on each domain of acculturative stress (i.e., language conflicts, cultural conflicts, and discrimination) in the context of their respective higher-order three-way interactions after these analyses were performed. While these were not part of the original hypotheses, ethnic identity had a significant moderating effect on each of the three domains of acculturative stress in predicting depressive symptoms (with peer victimization as the primary independent variable). To further explore the lower-order two-way interactions, each of these analyses was conducted again, but without peer victimization. After removing peer victimization from the model, the interaction effect of language conflicts and ethnic identity on depressive symptoms became statistically non-significant \( (\beta = .10, t(293) = 1.81, p = .07) \). Notably, the interaction effect of
cultural conflicts and ethnic identity on depressive symptoms remained significant without peer victimization in the model ($\beta = .16, t(292) = 2.86, p = .005$). In contrast, the interaction effect of discrimination on ethnic identity was not significant after omitting peer victimization as a variable ($\beta = .07, t(293) = 1.37, p = .17$).

**Discussion**

The present study aimed to examine the relation between peer victimization and depressive symptoms while exploring the three domains of acculturative stress (i.e., language conflicts, cultural conflicts, and discrimination) and ethnic identity as potential moderating variables. Although three U.S. peer-reviewed studies (excluding reviews and meta-analyses) have examined potential moderators of the relation between peer victimization and mental health in school settings among predominantly Latinx youth samples, the present study was the first one to explore potential cultural moderators (i.e., acculturative stress and ethnic identity) of the relation between peer victimization and depressive symptoms. Overall, the findings suggest that peer victimization positively predicts depressive symptoms among Latinx youth, and cultural conflicts exacerbate this relation. Further, ethnic identity may mitigate the effects of acculturative stress on depressive symptoms among Latinx youth in some capacity.

Hypotheses 1a-1c predicted that each domain of acculturative stress would moderate the relation between peer victimization and depressive symptoms. Contrary to hypothesis 1a, language conflicts did not moderate the relation between peer victimization and depressive symptoms, regardless of whether gender was being controlled for. While the association between peer victimization and language conflicts has not been examined among Latinx youth in previous literature, these two variables were found to be positively correlated in the present study. Existing literature has also examined language conflicts in relation to mental health. Specifically,
higher English proficiency (Colón-Quintana et al., 2022; Polo & López, 2009) and bilingualism (Han et al., 2010) have both been associated with better mental health outcomes. The low reliability and the very few items included in the language conflicts subscale used for the present study provide possible explanations why the moderation was not significant.

Supporting hypothesis 1b, cultural conflicts moderated the relation between peer victimization and depressive symptoms. Latinx youth experiencing low levels of peer victimization showed the most pronounced differences in depressive symptoms between levels of cultural conflicts. Specifically, Latinx youth with higher cultural conflicts had higher depressive symptom scores than those with medium and low cultural conflicts. In contrast, Latinx youth experiencing high levels of peer victimization had high depressive symptoms regardless of cultural conflict levels. Much of the existing research discussed differences between immigrant and U.S.-born youth in terms of experiences with acculturation and its effects on mental health (Dawson & Williams, 2008; Polo & López, 2009). While there were no other known studies that examined the relation between peer victimization and acculturative stress among Latinx youth, the current findings corroborate existing evidence that cultural stressors (e.g., bicultural stress) are associated with poor mental health outcomes, such as increased depressive symptoms (McCord et al., 2019). For example, consistent with the theoretical framework of the acculturation gap-distress model (Szapocznik & Kurtines, 1993), studies have shown that intergenerational acculturative conflict (IAC) (i.e., different levels of acculturation between youth and their parents/caregivers) is positively associated with depressive symptoms among Latinx youth (Huq et al., 2016; Piña-Watson et al., 2019). Regarding the present findings, this positive relation between IAC and depressive symptoms suggests that the specific domain of cultural conflict may exacerbate problems related to peer victimization.
Regarding hypothesis 1c, discrimination did not significantly moderate the relation between peer victimization and depressive symptoms according to conventional levels of statistical significance. Nonetheless, after plotting this interaction to further interpret these findings, it was revealed that at low levels of peer victimization, Latinx youth with greater discrimination experienced more depressive symptoms than those with low discrimination. At high levels of peer victimization, youth reported greater depressive symptoms regardless of discrimination levels. Racial/ethnic discrimination has been consistently linked to worse mental health outcomes (Andrade et al., 2021), such as depressive and somatic symptoms (Huynh, 2012) and suicidality among Latinx populations (Gomez et al., 2011). In this Latinx sample, discrimination was significantly associated with depressive symptoms. Therefore, the present findings support existing research on discrimination and mental health.

Hypothesis 2 predicted that ethnic identity would moderate the relation between peer victimization and depressive symptoms. However, this hypothesis was not supported when ethnic identity was examined on its own as a moderator, even though in one study, ethnic identity affirmation served as a protective factor against the effects of peer discrimination on externalizing problems among Latinx youth (Umaña-Taylor et al., 2015). Nonetheless, many of the present findings discussed throughout the remainder of this section suggest that ethnic identity could still be a protective factor in some capacity.

Hypotheses 3a-3c predicted that ethnic identity would moderate each interaction effect between peer victimization and an acculturative stress domain on depressive symptoms. Hypothesis 3a was not supported, as ethnic identity did not affect the interaction between peer victimization and language conflicts on depressive symptoms. That said, ethnic identity moderated the relation between language conflicts and depressive symptoms, suggesting that in
some capacity, the link between these variables warrants further investigation. There is little existing literature on the relation between language conflicts, ethnic identity, and mental health. However, Latinx adolescents’ positive feelings towards language brokering, as well as heritage language proficiency were both related to positive outcomes related to ethnic identity (Oh & Fuligni, 2010; Weisskirch, 2005).

The interaction effect of peer victimization and cultural conflicts on depressive symptoms did not depend on ethnic identity levels, again, according to conventional levels of statistical significance. Therefore, hypothesis 3b was not supported. Nonetheless, the three-way interaction was plotted to further interpret the findings, as the significance level was lower than $p = .10$. At low and medium levels of ethnic identity, the relation between peer victimization and depressive symptoms did not depend on cultural conflict levels. In contrast, at high levels of ethnic identity, Latinx youth with low and medium cultural conflict levels experienced higher depressive symptoms as peer victimization increased. However, higher peer victimization no longer predicted greater depressive symptoms at high levels of cultural conflicts. This finding also revealed that cultural conflicts affect depressive symptoms regardless of peer victimization levels.

Correlation analyses showed that higher ethnic identity was significantly associated with lower depressive symptoms in this sample of Latinx youth. Furthermore, at high levels of ethnic identity and low levels of peer victimization, Latinx youth with low cultural conflicts experienced the lowest depressive symptoms, relative to those with medium or high cultural conflicts. In contrast, at high levels of ethnic identity and high levels of peer victimization, Latinx youth experienced similar levels of depressive symptoms regardless of cultural conflicts.
There are few studies that have examined the relation between cultural conflicts and ethnic identity, although the present findings conflict with previous research. While ethnic identity did serve as a marginally protective factor against the interacting effect of peer victimization and cultural conflicts on depressive symptoms, previous research suggested that ethnic identity could act as a risk factor for outcomes such as somatic problems, hopelessness, and depressive symptoms (Romero et al., 2018; Torres & DeCarlo Santiago, 2017). While increased ethnic identity affirmation can have a buffering effect by increasing Latinx youth’s self-esteem, pride, and identification with their ethnic groups, ethnic identity can also plausibly cause their ethnic group to be more salient, which may make them more aware of ways that they experience marginalization.

Finally, hypothesis 3c was not supported, as the interaction effect of peer victimization and discrimination on depressive symptoms did not depend on ethnic identity levels. Nonetheless, in the context of this three-way interaction, ethnic identity moderated the relation between discrimination and depressive symptoms among Latinx youth. As previously mentioned, there are mixed findings on the association between discrimination and ethnic identity in existing literature. While some studies found that discrimination and ethnic identity are positively correlated (Baldwin-White et al., 2017; Meca et al., 2020) others have revealed that higher discrimination is associated with lower ethnic identity (Umaña-Taylor & Guimond, 2010). That said, the present finding that ethnic identity moderates the relation between discrimination and depressive symptoms parallels Umaña-Taylor and colleagues’ (2015) finding that ethnic identity affirmation mitigates the effects of peer discrimination on externalizing problems. Together, these findings further corroborate the assertion that ethnic identity can be a
protective factor against the negative impact of ethnically motivated discrimination on mental health.

While none of the three-way interactions were statistically significant, three noteworthy lower-order two-way interaction effects emerged. The interaction effect of each acculturative stress domain (i.e., language conflicts, cultural conflicts, and discrimination) and ethnic identity on depressive symptoms was statistically significant. Subsequently, these moderated regression analyses were conducted a second time, but without including peer victimization as the independent variable. Interestingly, the interaction effect of cultural conflicts and ethnic identity on depressive symptoms was the only one of the three that remained significant independent of the extraneous effects of peer victimization. These findings indicate that even outside the context of peer victimization, ethnic identity affirmation could be an important protective factor against the negative effects of acculturative stress on depressive symptoms among Latinx youth, especially against the effects of cultural conflicts.

**Suggestions for Interventions**

The present study’s findings culminate in a strong case for peer victimization as a predictor of more depressive symptoms among Latinx youth. Although numerous factors increase the risk for depression among Latinx youth, improving the way that bullying and peer victimization are addressed in school settings is a logical and essential next step in light of the present findings. While zero-tolerance bullying policies are widespread in K-12 schools, they have been shown to be largely ineffective, and even counterproductive for multiple reasons (Borgwald & Theixos, 2013). Research has indicated that while zero-tolerance expulsion rates are increasing, the vast majority of zero-tolerance policies and anti-bullying programs have failed to reduce bullying. In the same vein, these zero-tolerance policies have simply caused
many perpetrators of peer victimization to shift to more subtle forms of bullying (e.g., cyberbullying). Labelling children as “bullies” may also lead to more stigmatization and a perception they are being othered. Many perpetrators of peer victimization come from challenging backgrounds, although it is important to note that these circumstances explain, but do not excuse their behavior (Borgwald & Theixos, 2013).

Peer-reviewed literature has identified many avenues through which stakeholders at K-12 schools can support Latinx youth who are navigating challenges such as peer victimization, depressive symptoms, and cultural stressors. For example, increased teacher intervention could help combat the issue of bullying, peer victimization, and aggression in school settings. In fact, the findings of a study conducted by Aceves and colleagues (2010) revealed that when high school students see teachers as more effective and helpful, they are more likely to seek help from school authority when they are experiencing peer victimization, rather than resorting to strategies that may be less constructive (e.g., physical retaliation).

Furthermore, Jensen and colleagues (2013) discuss the effects of the Youth Matters (YM) Prevention Program on patterns of bullying and victimization among students. The tenets of YM are rooted in the social developmental model (SDM), which posits that four main elements inhibit antisocial behavior: (1) bonding, (2) belief in shared norms and values, (3) external constraints, and (4) cognitive, social, and emotional skills for problem solving (Catalano & Hawkins, 1996). Bullying and victimization trajectories were examined among a sample of youth at four timepoints from the fall of fourth grade through the spring of sixth grade (Jenson et al., 2013). The youth were randomized to either the experimental (YM) or the control condition. Results indicated that most of the time, students who participated in YM were much more likely than the control group to transition from the bully, victim, or bully-victim categories to an
uninvolved group. Students in the victim category especially benefitted from YM (Jensen et al., 2013). Jensen and colleagues’ (2013) findings highlight the need for more schools to improve anti-bullying efforts and programs to reduce the perpetration and reports of peer victimization.

**Implications**

In light of the present findings, it is crucial to consider how cultural factors, such as acculturative stress and ethnic identity, may impact the development and mental health of Latinx youth. The sample of the current study was comprised almost exclusively of youth of immigrant backgrounds. Examining the issue from a Critical Race Theory (CRT) framework (Bell, 1980), institutionalized racism has historically perpetuated social and educational inequity in the U.S. (Huber et al., 2006). Indeed, schools have played a large role in allowing this to continue; hence, our educational system has not adequately supported immigrant-origin youth, including Latinx children, in a culturally competent manner, even though these populations are increasingly prevalent in our country (Huber et al., 2006). Literature on educational disparities and the academic achievement gap suggests that strategies such as shifting from a deficit- to an assets-focused perception of Latinx immigrant-origin youth, highlighting the importance of family support for the academic success of Latinx youth, creating empowering spaces for youth to gain critical consciousness and agency, and collaborating with local communities and organizations near students’ neighborhoods could be promising for addressing these issues (Goodwin & Stanton, 2022; U.S. Department of Education, 2021). Particularly when it comes to supporting youth of immigrant backgrounds, acculturative stress is an important risk factor to take into consideration to increase cultural competence and address systemic inequities, even among U.S.-born youth. In contrast, ethnic identity has the potential to buffer against chronic stressors that Latinx youth navigate. Indeed, higher ethnic identity affirmation was shown to be linked to
positive academic outcomes among students of Mexican descent (Piña-Watson et al., 2018). It is important to help instill a sense of self-efficacy and cultural pride in youth in order to help them succeed, and one way to do that is to incorporate ethnic identity into school curriculums for youth of color from an early age, including those of Latinx backgrounds.

**Limitations and Future Directions**

While the present study’s findings have made valuable contributions to the literature within clinical and cultural psychology, there are some limitations that should be addressed. First, the majority of the present sample identified as Mexican American and/or second-generation immigrants, which may impact the generalizability of these findings. A more diverse sample of Latinx youth in terms of nativity and subgroup may help improve external validity in future research.

Second, neither sexual orientation nor diverse gender identity were considered as variables in this study. At the time the data were collected, there were no demographic questions about sexual orientation. Additionally, gender was measured as a dichotomous variable with only “male” and “female” as options. Furthermore, this study did not distinguish between gender identity and gender assigned at birth. Nonetheless, sexual minority youth are at greater risk for bullying and victimization than other youth (Jackman et al., 2020), and the multiplicative hypothesis suggests that racial discrimination and lesbian, gay, and bisexual (LGB) victimization interact to exacerbate its negative association with mental health, particularly depressive symptoms (Mallory & Russell, 2021). Furthermore, a recent study conducted by Polo and colleagues (2023) found that among Latinx participants, non-binary and gender non-conforming youth are at the highest risk for internalizing problems, including depression. Hence, there should be further investigation on the interplay between these aspects of identity in order to help
create a safer and more inclusive space for non-binary and gender non-conforming Latinx youth. A further investigation of the role of gender in the relation of peer victimization and depressive symptoms is warranted.

Third, ethnic identity was operationalized using only one subscale (i.e., affirmation), which could have caused potential problems, such as not capturing the full breadth and depth of ethnic identity as a construct. Nonetheless, the present findings highlight ethnic identity affirmation as a promising protective factor for Latinx youth, which suggests that other subscales of ethnic identity could also be worth exploring as potential cultural assets and mitigating factors against the negative effects of peer victimization, acculturative stress, and depressive symptoms. Additionally, a study on U.S. Latinx elementary school children (predominantly of Mexican descent) found that even after controlling for individual and acculturative differences, youth attending schools with higher percentages of Latinx students were more likely to perceive their ethnic identity as more important over time, and their American identity as less important over time (Brown, 2017). With the exception of one of the nine schools, the youth in the present study all attended predominantly Latinx schools (Chicago Public Schools, 2013). Therefore, exploring the effect of school ethnic composition on ethnic identity as a protective factor for Latinx youth could be fruitful.

Fourth, the way that acculturative stress was operationalized in this study neglected to contextualize the acculturation process within White supremacist ideology, despite its explicit connection to the institutional oppression of people of color (Liu et al., 2019). To elaborate, the experiences of oppression of people of color, including Latinx individuals and communities, are often neutralized or invalidated via pervasive microaggressions, cultural appropriation, and pressure to be racially innocuous to minimize White fragility (Liu et al., 2019). Racial and ethnic
trauma could have potentially been a useful framework for explaining the roots of acculturative stress, although the present study focused more on interpersonal stressors. Future research should adopt a trauma-informed approach when examining the interactive effect of peer victimization and acculturative stress on depressive symptoms among Latinx youth. Furthermore, examining the relation between peer victimization and discrimination among Latinx youth is an important next step in illuminating the nuances and potential link between these two constructs.

Finally, due to the cross-sectional design of this study, while peer victimization positively predicted acculturative stress and depressive symptoms and negative predicted ethnic identity, causality could not be determined from the results. To further corroborate peer victimization and acculturative stress as risk factors for and ethnic identity as a protective factor against depressive symptoms among Latinx youth, this study should be replicated utilizing a longitudinal design.

**Conclusion**

In short, the present study illuminates how cultural factors may interact to exacerbate or buffer against the detrimental effects of peer victimization on Latinx youth mental health. Specifically, the identification of cultural stressors and discrimination as risk factors and ethnic identity as a protective factor against the impact of peer victimization on depressive symptoms and it provides further evidence that Latinx youth need more culturally competent care and treatments that account for their unique stressors. The present findings highlight the need for reformed approaches to combating bullying and peer victimization, greater proactivity from stakeholders in schools (e.g., teachers), and more culturally competent care and treatment for Latinx youth in order to continue striving for improved mental health outcomes among this population.
References


and Adolescent Psychology, 51(1), 112–126.

https://doi.org/10.1080/15374416.2020.1731818


https://doi.org/10.1007/s10862-014-9473-7


https://doi.org/10.1016/j.jad.2021.12.022


latinos/#:~:text=The%20number%20of%20young%20Latinos%2C%20major%20racial%20or%20ethnic%20group


https://doi.org/10.5498/wjp.v7.i1.60


https://doi.org/10.1177/07399863910132005


https://doi.org/10.1177/0739986312474237

http://dx.doi.org/10.1037/lat0000078


https://doi.org/10.1037/a0021528


### Table 1

_Bivariate Correlations Between Variables_

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age</td>
<td>--</td>
<td>.10</td>
<td>-.04</td>
<td>-.003</td>
<td>-.10</td>
<td>-.03</td>
<td>-.07</td>
<td>.17**</td>
<td>.11</td>
</tr>
<tr>
<td>2. Gender</td>
<td>--</td>
<td>-.11</td>
<td>-.05</td>
<td>-.01</td>
<td>-.04</td>
<td>-.07</td>
<td>-.05</td>
<td>.19**</td>
<td></td>
</tr>
<tr>
<td>3. Nativity</td>
<td>--</td>
<td>.04</td>
<td>-.11</td>
<td>-.09</td>
<td>-.03</td>
<td>.01</td>
<td>-.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Peer Victimization</td>
<td>--</td>
<td>.15*</td>
<td>.26***</td>
<td>.47***</td>
<td>-.13*</td>
<td>.46***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Language Conflicts</td>
<td>--</td>
<td>.28***</td>
<td>.27***</td>
<td>-.20***</td>
<td>.29***</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cultural Conflicts</td>
<td>--</td>
<td>.25***</td>
<td>-.36***</td>
<td>.31***</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Discrimination</td>
<td>--</td>
<td>-.14*</td>
<td></td>
<td>.31***</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Ethnic Identity</td>
<td>--</td>
<td></td>
<td></td>
<td>-.29***</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Depressive Symptoms</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note.* * = *p < .05, ** = *p < .01, and *** = *p < .001
Table 2

*Simple Moderated Regression Analysis of Peer Victimization on Depressive Symptoms by Language Conflicts, Including Gender as a Covariate*

<table>
<thead>
<tr>
<th>Model</th>
<th>Predictor</th>
<th>β</th>
<th>B</th>
<th>SE</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1</td>
<td>Constant</td>
<td>--</td>
<td>.40</td>
<td>.02</td>
<td>25.09</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization</td>
<td>.44</td>
<td>.06</td>
<td>.01</td>
<td>8.54</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Language Conflicts</td>
<td>.28</td>
<td>.11</td>
<td>.02</td>
<td>4.53</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Language Conflicts</td>
<td>-.09</td>
<td>.01</td>
<td>.01</td>
<td>-1.31</td>
<td>.19</td>
</tr>
<tr>
<td>Model 2</td>
<td>Constant</td>
<td>--</td>
<td>.19</td>
<td>.05</td>
<td>3.81</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization</td>
<td>.45</td>
<td>.06</td>
<td>.01</td>
<td>8.93</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Language Conflicts</td>
<td>.27</td>
<td>.11</td>
<td>.02</td>
<td>4.63</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>.21</td>
<td>.13</td>
<td>.03</td>
<td>4.25</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Language Conflicts</td>
<td>-.07</td>
<td>.01</td>
<td>.01</td>
<td>-.99</td>
<td>.32</td>
</tr>
<tr>
<td>Model</td>
<td>Predictor</td>
<td>β</td>
<td>B</td>
<td>SE</td>
<td>t</td>
<td>p</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------------</td>
<td>----</td>
<td>-----</td>
<td>-----</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Model 1</td>
<td>Constant</td>
<td>--</td>
<td>.41</td>
<td>.02</td>
<td>24.91</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization</td>
<td>.45</td>
<td>.06</td>
<td>.01</td>
<td>8.11</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Cultural Conflicts</td>
<td>.22</td>
<td>.13</td>
<td>.03</td>
<td>4.18</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Cultural Conflicts</td>
<td>-.12</td>
<td>-.02</td>
<td>.01</td>
<td>-2.17</td>
<td>.03</td>
</tr>
<tr>
<td>Model 2</td>
<td>Constant</td>
<td>--</td>
<td>.20</td>
<td>.05</td>
<td>3.85</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization</td>
<td>.45</td>
<td>.06</td>
<td>.01</td>
<td>8.41</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Cultural Conflicts</td>
<td>.22</td>
<td>.13</td>
<td>.03</td>
<td>4.37</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>.21</td>
<td>.13</td>
<td>.03</td>
<td>4.24</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Cultural Conflicts</td>
<td>-.10</td>
<td>-.02</td>
<td>.01</td>
<td>-1.88</td>
<td>.06</td>
</tr>
</tbody>
</table>
Table 4

Slope Significance Tests of the Relation of Peer Victimization and Depressive Symptoms at Low, Medium, and High Levels of Cultural Conflicts

<table>
<thead>
<tr>
<th>Test of Significance</th>
<th>(b)</th>
<th>SE</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>.066</td>
<td>.010</td>
<td>6.90</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Medium</td>
<td>.056</td>
<td>.007</td>
<td>8.11</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>High</td>
<td>.044</td>
<td>.007</td>
<td>6.09</td>
<td>&lt; .001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pairwise Comparisons (b1 vs. b2)</th>
<th>(b1-b2)</th>
<th>SE (difference)</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low vs. medium</td>
<td>.010</td>
<td>.012</td>
<td>.88</td>
<td>.38</td>
</tr>
<tr>
<td>Medium vs. high</td>
<td>.012</td>
<td>.010</td>
<td>1.19</td>
<td>.24</td>
</tr>
<tr>
<td>Low vs. high</td>
<td>.022</td>
<td>.007</td>
<td>3.08</td>
<td>.002</td>
</tr>
</tbody>
</table>

Note. \(N = 296\). \(b1\) = unstandardized regression coefficient of slope 1; \(b2\) = unstandardized regression coefficient of slope 2; \(DF\) (degrees of freedom) = 292.
Table 5

*Simple Moderated Regression Analysis of Peer Victimization on Depressive Symptoms by Discrimination, Including Gender as a Covariate*

<table>
<thead>
<tr>
<th>Model</th>
<th>Predictor</th>
<th>β</th>
<th>B</th>
<th>SE</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1</td>
<td>Constant</td>
<td>--</td>
<td>.41</td>
<td>.02</td>
<td>22.94</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization</td>
<td>.47</td>
<td>.06</td>
<td>.01</td>
<td>6.88</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Discrimination</td>
<td>.13</td>
<td>.07</td>
<td>.03</td>
<td>2.18</td>
<td>.03</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Discrimination</td>
<td>-.12</td>
<td>-.02</td>
<td>.01</td>
<td>-1.80</td>
<td>.07</td>
</tr>
<tr>
<td>Model 2</td>
<td>Constant</td>
<td>--</td>
<td>.20</td>
<td>.05</td>
<td>3.85</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization</td>
<td>.47</td>
<td>.06</td>
<td>.01</td>
<td>7.04</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Discrimination</td>
<td>.14</td>
<td>.07</td>
<td>.03</td>
<td>2.44</td>
<td>.016</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>.21</td>
<td>.14</td>
<td>.03</td>
<td>4.25</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Discrimination</td>
<td>-.10</td>
<td>-.02</td>
<td>.01</td>
<td>-1.63</td>
<td>.10</td>
</tr>
</tbody>
</table>
Table 6

Slope Significance Tests of the Relation of Peer Victimization and Depressive Symptoms at Low, Medium, and High Levels of Discrimination

<table>
<thead>
<tr>
<th>Test of Significance</th>
<th>b</th>
<th>SE</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>.068</td>
<td>.012</td>
<td>5.68</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Medium</td>
<td>.059</td>
<td>.009</td>
<td>6.88</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>High</td>
<td>.047</td>
<td>.008</td>
<td>6.24</td>
<td>&lt; .001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pairwise Comparisons (b1 vs. b2)</th>
<th>b1-b2</th>
<th>SE (difference)</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low vs. medium</td>
<td>.009</td>
<td>.015</td>
<td>.61</td>
<td>.54</td>
</tr>
<tr>
<td>Medium vs. high</td>
<td>.012</td>
<td>.011</td>
<td>1.02</td>
<td>.31</td>
</tr>
<tr>
<td>Low vs. high</td>
<td>.021</td>
<td>.014</td>
<td>1.47</td>
<td>.14</td>
</tr>
</tbody>
</table>

Note. N = 297. b1 = unstandardized regression coefficient of slope 1; b2 = unstandardized regression coefficient of slope 2; DF (degrees of freedom) = 293.
Table 7

Simple Moderated Regression Analysis of Peer Victimization on Depressive Symptoms by Ethnic Identity, Including Gender as a Covariate

<table>
<thead>
<tr>
<th>Model</th>
<th>Predictor</th>
<th>β</th>
<th>B</th>
<th>SE</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1</td>
<td>Constant</td>
<td>--</td>
<td>.40</td>
<td>.02</td>
<td>24.85</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization</td>
<td>.43</td>
<td>.05</td>
<td>.01</td>
<td>8.22</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Ethnic Identity</td>
<td>-.23</td>
<td>-.12</td>
<td>.03</td>
<td>-4.60</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Ethnic Identity</td>
<td>-.02</td>
<td>-.004</td>
<td>.01</td>
<td>-.36</td>
<td>.72</td>
</tr>
<tr>
<td>Model 2</td>
<td>Constant</td>
<td>--</td>
<td>.20</td>
<td>.05</td>
<td>3.93</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization</td>
<td>.44</td>
<td>.06</td>
<td>.01</td>
<td>6.85</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Ethnic Identity</td>
<td>-.22</td>
<td>-.12</td>
<td>.03</td>
<td>-4.50</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>.20</td>
<td>.13</td>
<td>.03</td>
<td>4.07</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Ethnic Identity</td>
<td>-.02</td>
<td>-.004</td>
<td>.01</td>
<td>-.38</td>
<td>.70</td>
</tr>
</tbody>
</table>
### Table 8

*Moderated Moderation Regression Analysis of Peer Victimization and Language Conflicts on Depressive Symptoms by Ethnic Identity, Including Gender as a Covariate*

<table>
<thead>
<tr>
<th>Model</th>
<th>Predictor</th>
<th>β</th>
<th>B</th>
<th>SE</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1</td>
<td>Constant</td>
<td>--</td>
<td>.41</td>
<td>.02</td>
<td>25.46</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization</td>
<td>.42</td>
<td>.05</td>
<td>.01</td>
<td>7.77</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Language Conflicts</td>
<td>.27</td>
<td>.10</td>
<td>.02</td>
<td>4.12</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Ethnic Identity</td>
<td>-.19</td>
<td>-.10</td>
<td>-.03</td>
<td>-3.77</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Language Conflicts</td>
<td>-.10</td>
<td>-.01</td>
<td>.01</td>
<td>-1.41</td>
<td>.16</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Ethnic Identity</td>
<td>-.04</td>
<td>-.01</td>
<td>.01</td>
<td>-.69</td>
<td>.49</td>
</tr>
<tr>
<td></td>
<td>Language Conflicts x Ethnic Identity</td>
<td>.11</td>
<td>.09</td>
<td>.04</td>
<td>2.08</td>
<td>.04</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Language Conflicts x Ethnic Identity</td>
<td>-.06</td>
<td>-.02</td>
<td>.02</td>
<td>-1.12</td>
<td>.26</td>
</tr>
<tr>
<td>Model 2</td>
<td>Constant</td>
<td>--</td>
<td>.22</td>
<td>.05</td>
<td>4.30</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization</td>
<td>.42</td>
<td>.05</td>
<td>.01</td>
<td>8.16</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Language Conflicts</td>
<td>.25</td>
<td>.10</td>
<td>.02</td>
<td>4.17</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Ethnic Identity</td>
<td>-.18</td>
<td>-.10</td>
<td>-.03</td>
<td>-3.68</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>.19</td>
<td>.12</td>
<td>.03</td>
<td>3.91</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Language Conflicts</td>
<td>-.08</td>
<td>-.01</td>
<td>-.01</td>
<td>-1.09</td>
<td>.28</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Ethnic Identity</td>
<td>-.03</td>
<td>-.01</td>
<td>-.01</td>
<td>-.66</td>
<td>.51</td>
</tr>
<tr>
<td></td>
<td>Language Conflicts x Ethnic Identity</td>
<td>.09</td>
<td>.07</td>
<td>.04</td>
<td>1.73</td>
<td>.09</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Language Conflicts x Ethnic Identity</td>
<td>-.05</td>
<td>-.01</td>
<td>-.01</td>
<td>-.89</td>
<td>.38</td>
</tr>
</tbody>
</table>
Table 9

*Moderated Moderation Regression Analysis of Peer Victimization and Cultural Conflicts on Depressive Symptoms by Ethnic Identity, Including Gender as a Covariate*

<table>
<thead>
<tr>
<th>Model</th>
<th>Predictor</th>
<th>β</th>
<th>B</th>
<th>SE</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1</td>
<td>Constant</td>
<td>-</td>
<td>.42</td>
<td>.02</td>
<td>24.52</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization</td>
<td>.39</td>
<td>.05</td>
<td>.01</td>
<td>6.96</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Cultural Conflicts</td>
<td>.21</td>
<td>.12</td>
<td>.03</td>
<td>3.55</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Ethnic Identity</td>
<td>-.16</td>
<td>-.09</td>
<td>.03</td>
<td>-2.87</td>
<td>.004</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Cultural Conflicts</td>
<td>-.13</td>
<td>-.03</td>
<td>.01</td>
<td>-2.32</td>
<td>.02</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Ethnic Identity</td>
<td>-.06</td>
<td>-.01</td>
<td>.01</td>
<td>-1.24</td>
<td>.21</td>
</tr>
<tr>
<td></td>
<td>Cultural Conflicts x Ethnic Identity</td>
<td>.12</td>
<td>.11</td>
<td>.05</td>
<td>2.23</td>
<td>.03</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Cultural Conflicts x Ethnic Identity</td>
<td>-.10</td>
<td>-.04</td>
<td>.02</td>
<td>-1.84</td>
<td>.07</td>
</tr>
<tr>
<td>Model 2</td>
<td>Constant</td>
<td>-</td>
<td>.22</td>
<td>.05</td>
<td>4.36</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization</td>
<td>.40</td>
<td>.05</td>
<td>.01</td>
<td>7.24</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Cultural Conflicts</td>
<td>.22</td>
<td>.13</td>
<td>.03</td>
<td>3.76</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Ethnic Identity</td>
<td>-.15</td>
<td>-.08</td>
<td>.03</td>
<td>-2.78</td>
<td>.01</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>.20</td>
<td>.13</td>
<td>.03</td>
<td>4.08</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Cultural Conflicts</td>
<td>-.11</td>
<td>-.02</td>
<td>.01</td>
<td>-2.01</td>
<td>.045</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Ethnic Identity</td>
<td>-.07</td>
<td>-.01</td>
<td>.01</td>
<td>-1.29</td>
<td>.20</td>
</tr>
<tr>
<td></td>
<td>Cultural Conflicts x Ethnic Identity</td>
<td>.12</td>
<td>.10</td>
<td>.05</td>
<td>2.28</td>
<td>.02</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Cultural Conflicts x Ethnic Identity</td>
<td>-.09</td>
<td>-.03</td>
<td>.02</td>
<td>-1.64</td>
<td>.10</td>
</tr>
</tbody>
</table>
Table 10

*Slope Significance Tests of the Interaction Effect of Peer Victimization and Cultural Conflicts on Depressive Symptoms at Low Levels of Ethnic Identity*

<table>
<thead>
<tr>
<th>Test of Significance</th>
<th>b</th>
<th>SE</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>.058</td>
<td>.012</td>
<td>4.73</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Medium</td>
<td>.057</td>
<td>.009</td>
<td>6.59</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>High</td>
<td>.057</td>
<td>.010</td>
<td>5.93</td>
<td>&lt; .001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pairwise Comparisons (b1 vs. b2)</th>
<th>b1-b2</th>
<th>SE (difference)</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low vs. medium</td>
<td>.001</td>
<td>.015</td>
<td>.04</td>
<td>.97</td>
</tr>
<tr>
<td>Medium vs. high</td>
<td>.001</td>
<td>.013</td>
<td>.06</td>
<td>.95</td>
</tr>
<tr>
<td>Low vs. high</td>
<td>.001</td>
<td>.015</td>
<td>.09</td>
<td>.93</td>
</tr>
</tbody>
</table>

*Note. N = 296. b1 = unstandardized regression coefficient of slope 1; b2 = unstandardized regression coefficient of slope 2; DF (degrees of freedom) = 288.*
**Table 11**

*Slope Significance Tests of the Interaction Effect of Peer Victimization and Cultural Conflicts on Depressive Symptoms at Medium Levels of Ethnic Identity*

<table>
<thead>
<tr>
<th>Test of Significance</th>
<th>b</th>
<th>SE</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>.061</td>
<td>.010</td>
<td>6.29</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Medium</td>
<td>.049</td>
<td>.007</td>
<td>6.96</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>High</td>
<td>.035</td>
<td>.008</td>
<td>4.46</td>
<td>&lt; .001</td>
</tr>
</tbody>
</table>

**Pairwise Comparisons (b1 vs. b2)**

<table>
<thead>
<tr>
<th>b1-b2</th>
<th>SE (difference)</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low vs. medium</td>
<td>.012</td>
<td>.99</td>
<td>.32</td>
</tr>
<tr>
<td>Medium vs. high</td>
<td>.013</td>
<td>1.28</td>
<td>.20</td>
</tr>
<tr>
<td>Low vs. high</td>
<td>.025</td>
<td>2.03</td>
<td>.04</td>
</tr>
</tbody>
</table>

*Note. N = 296. b1 = unstandardized regression coefficient of slope 1; b2 = unstandardized regression coefficient of slope 2; DF (degrees of freedom) = 288.*
Table 12

*Slope Significance Tests of the Interaction Effect of Peer Victimization and Cultural Conflicts on Depressive Symptoms at High Levels of Ethnic Identity*

<table>
<thead>
<tr>
<th>Test of Significance</th>
<th>b</th>
<th>SE</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>.063</td>
<td>.014</td>
<td>4.50</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Medium</td>
<td>.040</td>
<td>.011</td>
<td>3.77</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>High</td>
<td>.014</td>
<td>.015</td>
<td>.95</td>
<td>.34</td>
</tr>
</tbody>
</table>

**Pairwise Comparisons (b1 vs. b2)**

<table>
<thead>
<tr>
<th>b1-b2</th>
<th>SE (difference)</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low vs. medium</td>
<td>.023</td>
<td>.018</td>
<td>1.30</td>
</tr>
<tr>
<td>Medium vs. high</td>
<td>.026</td>
<td>.018</td>
<td>1.42</td>
</tr>
<tr>
<td>Low vs. high</td>
<td>.049</td>
<td>.021</td>
<td>2.39</td>
</tr>
</tbody>
</table>

*Note. N = 296. b1 = unstandardized regression coefficient of slope 1; b2 = unstandardized regression coefficient of slope 2; DF (degrees of freedom) = 288.*
Table 13

Moderated Moderation Regression Analysis of Peer Victimization and Discrimination on Depressive Symptoms by Ethnic Identity, Including Gender as a Covariate

<table>
<thead>
<tr>
<th>Model</th>
<th>Predictor</th>
<th>β</th>
<th>B</th>
<th>SE</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1</td>
<td>Constant</td>
<td>--</td>
<td>.42</td>
<td>.02</td>
<td>23.94</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization</td>
<td>.44</td>
<td>.06</td>
<td>.01</td>
<td>6.57</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Discrimination</td>
<td>.13</td>
<td>.07</td>
<td>.03</td>
<td>2.19</td>
<td>.03</td>
</tr>
<tr>
<td></td>
<td>Ethnic Identity</td>
<td>-.21</td>
<td>-.11</td>
<td>.03</td>
<td>-3.70</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Discrimination</td>
<td>-.15</td>
<td>-.03</td>
<td>.01</td>
<td>-2.25</td>
<td>.02</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Ethnic Identity</td>
<td>-.08</td>
<td>-.02</td>
<td>.02</td>
<td>-1.16</td>
<td>.25</td>
</tr>
<tr>
<td></td>
<td>Discrimination x Ethnic Identity</td>
<td>.15</td>
<td>.13</td>
<td>.05</td>
<td>2.46</td>
<td>.01</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Discrimination x Ethnic Identity</td>
<td>-.08</td>
<td>-.02</td>
<td>.02</td>
<td>-1.16</td>
<td>.25</td>
</tr>
<tr>
<td>Model 2</td>
<td>Constant</td>
<td>--</td>
<td>.23</td>
<td>.05</td>
<td>4.42</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization</td>
<td>.44</td>
<td>.06</td>
<td>.01</td>
<td>6.74</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Discrimination</td>
<td>.13</td>
<td>.07</td>
<td>.03</td>
<td>2.36</td>
<td>.02</td>
</tr>
<tr>
<td></td>
<td>Ethnic Identity</td>
<td>-.20</td>
<td>-.10</td>
<td>.03</td>
<td>-3.59</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>.19</td>
<td>.12</td>
<td>.03</td>
<td>3.82</td>
<td>&lt; .001</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Discrimination</td>
<td>-.13</td>
<td>-.02</td>
<td>.01</td>
<td>-2.08</td>
<td>.04</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Ethnic Identity</td>
<td>-.06</td>
<td>-.01</td>
<td>.01</td>
<td>- .94</td>
<td>.35</td>
</tr>
<tr>
<td></td>
<td>Discrimination x Ethnic Identity</td>
<td>.11</td>
<td>.10</td>
<td>.05</td>
<td>1.95</td>
<td>.052</td>
</tr>
<tr>
<td></td>
<td>Peer Victimization x Discrimination x Ethnic Identity</td>
<td>-.08</td>
<td>-.02</td>
<td>.02</td>
<td>-1.13</td>
<td>.26</td>
</tr>
</tbody>
</table>
**Figure 1.**

Integrative model for the study of developmental competencies in minority children (García Coll et al., 1996).
**Figure 2.**

Moderated moderation model.

![Diagram showing the relationship between Acculturative Stress*, Ethnic Identity, Peer Victimization, and Depressive Symptoms.]

*Note.* The three domains of acculturative stress (i.e., language conflicts, cultural conflicts, and discrimination) are examined as separate moderators of the relation between peer victimization and depressive symptoms.
Figure 3.

Simple slopes analyses examining the relation of peer victimization and depressive symptoms at low, medium, and high levels of cultural conflicts.

Note. *** = p < .001
**Figure 4.**

Simple slopes analyses examining the relation of peer victimization and depressive symptoms at low, medium, and high levels of discrimination.

*Note.* *** = $p < .001$
Figure 5.

Simple slopes analyses examining the interaction effect of peer victimization and cultural conflicts on depressive symptoms at low (A), medium (B), and high (C) levels of ethnic identity.

Figure 5A.

Figure 5B.
Figure 5C.

Note. *** = p < .001