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RESEARCH ARTICLE

Identity-based bullying and mental health among Black and Latino youth: The moderating role of emotional suppression

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Abstract

The current study examined the prevalence of identity-based bullying, the unique links between identity-based bullying and mental health (i.e., depressive and posttraumatic stress symptoms [PTSS]), and emotional suppression as a potential moderator of these links. Participants were 899 clinic-referred Black and Latino youth aged 7–18 years (M = 13.37 years, SD = 2.75, 60.8% female). Regression analyses indicated youth who experienced identity-based bullying victimization reported worse depressive symptoms and PTSS, controlling for co-occurring trauma exposure and demographic characteristics. We did not find evidence that emotional suppression moderated these associations. The findings highlight the potentially traumatic nature of identity-based bullying victimization in treatment-seeking Black and Latino youth and speak to the need for identity-based bullying risk screening.

Identity-based bullying represents an important, yet understudied, form of discrimination in Black and Latino youth. Identity-based bullying, also referred to as stigma-based or bias-based bullying, refers to any form of bullying (i.e., verbal and/or physical assault or harassment) from others that occurs because of one's actual or perceived social identity or identities (e.g., racist remarks, being shoved due to actual or perceived sexual or gender identity; Brinkman, 2015; Poteat et al. 2011; Price et al., 2019). Discrimination—including identity-based bullying—may be experienced as a complex interpersonal trauma that can chronically and pervasively alter one's social, psychological, cognitive, and biological development (Harvey et al., 2012) and is likely to occur in the context of other traumatic experiences (Douglas et al., 2021). However, very little is known about the prevalence of identity-based bullying in treatment-seeking Black and Latino youth with trauma histories or whether identity-based bullying is independently associated with symptoms of psychological distress. Further, research is needed to identify malleable vulnerability or protective factors that may moderate links between identity-based bullying and mental health. Emotional suppression may exacerbate the detrimental effect of identity-based bullying on mental health, as it has been associated with a range of youth mental health problems (Kaplow et al., 2014).

The purpose of the current study was to (a) examine the prevalence of identity-based bullying among trauma-exposed Black and Latino youth, (b) test the unique links between identity-based bullying and mental health (i.e., depressive symptoms and posttraumatic stress symptoms [PTSS]) while accounting for co-occurring traumatic experiences, and (c) explore emotional suppression as a moderator of the associations between identity-based bullying and mental health. Examining these associations among treatment-seeking Black or Latino youth who have

experienced a potentially traumatic event (PTE) is critical to inform assessment and treatment for this underserved population.

Theoretical frameworks

Minority stress theory posits that members of stigmatized groups (e.g., youth of color) face additional, group-specific stressors (e.g., discrimination) that supplement or potentially exacerbate their disproportionate exposure to general stressors, thereby limiting optimal thriving in these populations and contributing to even greater mental and physical health disparities (Brooks, 1981; Hatzenbuehler, 2009; Meyer, 2003). In addition to minority stress theory, ecological systems theory and critical race theory highlight the importance of research on Black and Latino youths' trauma-related experiences. Ecological systems theory proposes that development occurs through the dynamic interplay between youth and their proximal and distal environments (Bronfenbrenner, 1986), and critical race theory posits that racism is a powerful and pervasive force embedded in all levels of youths' developmental contexts (Crenshaw, 2013; Salter & Adams, 2013). These theories suggest that the ways in which youth of color experience and respond to traumatic events are intertwined with and shaped by the systems of oppression in which youth are embedded (e.g., racism; Bailey et al., 2017; García Coll et al., 1996). Long histories of discrimination against youth of color and the accompanying sociocultural norms may not only perpetuate environments permissive of identity-based bullying against youth of color but also create unique obstacles to their access to culturally responsive, trauma-informed care that can address experiences with identity-based bullying.

Identity-based bullying in Black and Latino youth

Previous research has demonstrated the prevalence and potential harmful mental health consequences of bullying victimization in youth (e.g., Dantchev et al., 2019). Youth of color are at higher risk of being the victim of bullying (Peskin et al., 2006), which may be due to experiences with discriminatory forms of bullying where an individual's identity or identities are targeted through acts of verbal and/or physical assault (Galán et al., 2021). Further, existing prevalence rates are likely underestimations, as a recent study found that Black and Latino youth reported more experiences of bullying behaviors (e.g., being threatened or put down by peers) but were less likely to endorse that they have been "bullied" (Lai & Kao, 2018) compared to White youth. The underreporting of bullying victimization among youth of color may be due to cultural stigma and fear of backlash from authority figures who tend to enact more severe punishment and overpolice Black and Latino communities (Rios, 2011).

Previous studies have often overlooked the role of discrimination in bullying behavior (Brinkman, 2015). In nationally representative U.S. samples, 30%–40% of bullied youth have reported experiencing identity-based bullying (Russell et al., 2012), estimates that are higher among youth with marginalized identities (e.g., lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual [LGBTQAI] youth, youth of color; Price et al., 2019). Further, identity-based bullying may have more deleterious effects on mental health relative to general bullying (Poteat et al., 2011), as identity-based bullying is often experienced as more threatening and severe (Utsey et al., 2008), can be experienced as a violent assault on one's sense of self, and is inherently demeaning and personal (Landrine & Klonoff, 1996). This interpersonal and targeted form of victimization is an oppressive act that, similar to other traumatic experiences, can trigger physiological and psychological arousal, induce a negative emotional state, and lead to increased health-risk behaviors (Bryant-Davis & Ocampo, 2005; Carter, 2007). However, researchers have only recently begun to investigate experiences of discrimination through a trauma-informed lens (e.g., Anderson & Stevenson, 2019; Bernard et al., 2021; Kirkinis et al., 2021; Saleem et al., 2020). Moreover, Black and Latino youth are more likely to experience multiple types of traumatic events relative to White youth, which exacerbates their risk for psychological symptoms in response to identity-based bullying (Douglas et al., 2021).

Theory and research on discrimination can help shed light on the potential impact of identity-based bullying among trauma-exposed adolescents of color. Experiences of discrimination, in addition to the already heightened allostatic load of stressors that individuals of color endure, are theorized to limit or deplete coping resources over time (Clark et al., 1999), thereby increasing the risk for negative psychological outcomes. Additionally, the link between interpersonal forms of victimization and pathology intensifies during adolescence, as teenagers experience heightened rejection sensitivity and emotional reactivity (Bolling et al., 2011). This suggests that experiences of discrimination may be especially detrimental to the mental health of Black and Latino youth, particularly those who already have a history of trauma exposure. Indeed, discrimination is robustly associated with poor mental health in youth of color (Priest et al., 2013), including higher depressive symptoms (e.g., Gaylord-Harden & Cunningham, 2009; Greene et al., 2006; Romero & Roberts, 2003) and PTSS (e.g., Flores et al., 2010).

Whereas discrimination broadly encompasses both explicit forms of maltreatment and more covert, insidious, and sometimes unintentional microaggressions (e.g., people act as if they think an individual is not smart based on their race or ethnicity), identity-based bullying more specifically refers to verbal and/or physical assaults rooted in discrimination (Brinkman, 2015). Among the few studies that have focused on identity-based bullying, Galán et al. (2021) found that experiences of identity-based bullying were prevalent among high school students, particularly in gender-diverse Black and Latino youth, and that identity-based bullying tied to race, ethnicity, or national origin was associated with nonsuicidal self-injury, suicidal ideation, and poor physical health. It is, therefore, critical for researchers to understand how identity-based bullying victimization may be related to depressive symptoms or PTSS in Black and Latino youth who have a history of trauma exposure.

Emotional suppression as a potential moderator

Common responses to being the target of discrimination include intense feelings of anger, anxiety, and sadness (e.g., Swim et al., 2003), and some youth who experience identity-based bullying may try to suppress these emotional responses to protect themselves from emotional pain. Emotional suppression is the inhibition of an emotional response while emotionally stimulated (Gross & Levenson, 1997). Individuals with racially marginalized identities may be socialized and motivated to suppress their emotions following stigma-related events for fear of backlash (Contrada et al., 2000) and/or when expressing negative emotions could lead to harm, such as interracial interactions with authority figures such as teachers or members of law enforcement (Dunbar et al., 2015). Although some research suggests forms of emotional suppression can be adaptive in response to discrimination (Park et al., 2018), emotional suppression has been consistently associated with poor adjustment across multiple domains of functioning in youth of color (Compas et al., 2017). Over time, the dissonance between the emotions youths express versus what they feel internally can lead to increases in psychological distress in those who have experienced adverse life events (Kaplow et al., 2005). Research has yet to examine interactions between identity-based bullying and emotional suppression in Black and Latino youth with trauma histories, but findings with emerging adults suggest emotional suppression may exacerbate the potential links between identity-based bullying and mental health issues (Hatzenbuehler, 2009), warranting further attention.

Current study

The current study had three aims. The first aim was to describe the prevalence of identity-based bullying in a clinic-referred sample of Black and Latino children and adolescents and explore potential demographic (race/ethnicity, gender, age) differences in identity-based bullying exposure. The second aim was to investigate the extent to which identity-based bullying exposure was associated with depressive symptoms and PTSS after accounting for demographic characteristics and potentially co-occurring traumatic experiences. We hypothesized that identity-based bullying victimization would be uniquely associated with higher depressive symptoms and higher PTSS after accounting for demographic characteristics and co-occurring trauma. The third aim was to test emotional suppression as a moderator of the association between identity-based bullying and symptoms of distress. We hypothesized that positive associations between identity-based bullying and symptoms of distress would be stronger for youth who more frequently suppress their emotions.

METHOD

Participants

Participants were 899 Hispanic/Latino (59.9%) and non-Hispanic/Latino Black (41.1%) youth with exposure to at least one PTE who participated in a larger study (Kaplow et al., 2020). Participants ranged in age from 7 to 18 years ($M = 13.37$ years, $SD = 2.75$). With regard to gender, approximately 60.8% of the sample identified as female, and less than 1% identified as transgender ($n = 3$) or other (n = 3). Approximately 85% of participants ($n = 765$) were bereaved at baseline (i.e., indicated a loved one had died), most of whom (90.3%, $n = 691$) also endorsed at least one additional traumatic experience, not including the death of a loved one (lifetime number of traumatic experiences: $M = 4.96$, $SD = 2.58$). Among nonbereaved youth ($n = 134$), the average number of lifetime traumatic experiences was four ($SD = 2.26$).

Procedure

This study was approved by the TriWest Group Institutional Review Board. Participating youth were recruited during intake visits by clinicians who were a part of a large practice-based research network comprising medical-, school- and community-based centers that serve trauma-exposed and/or bereaved youths in the United States

(Kaplow et al., 2020). Informed consent was obtained from parents or legal guardians and youth 18 years of age or older before administering the study measures. Initial screenings from participating youth were collected between May 2017 and March 2020.

Approximately half of the sample ($n = 499$) was assessed at one of three participating trauma and grief specialty clinics. The remaining participants ($n = 400$) were recruited through school and community-based health clinics. The trauma and grief specialty clinics, hereafter referred to as Clinics A, B, and C, used a larger assessment battery that included measures of identity-based bullying, depressive symptoms, PTSS, and emotional suppression. The school- and community-based health clinics, hereafter referred to as "other clinical sites" or Clinic D, administered the same measures except for the measure of emotional suppression. Binary variables representing clinic site (Clinics A, B, and C vs. Clinic D) were included as covariates in all analyses. Descriptive statistics for each clinic site are available in the Supplementary Materials.

Measures

Trauma exposure and PTSS

Trauma exposure and PTSS, based on posttraumatic stress disorder (PTSD) criteria in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013), were assessed using the UCLA PTSD Reaction Index for *DSM-5*–Brief Form (RI-5 BF; Pynoos & Steinberg, 2015; Rolon-Arroyo et al., 2020). Youth completed a 16-item checklist assessing PTE exposure (e.g., "Were you hit, punched, or kicked very hard at home?"), including identity-based bullying victimization (i.e., "Have you ever been mistreated, bullied, threatened, or hurt because of how you look or who you are [like your race, ethnicity, religion, gender, sexual orientation, or a disability]?" This item broadly captures any form of identity-based bullying (i.e., not limited to experiences with racism). Capturing adolescents' broad experiences with identity-based bullying represents a developmentally rooted approach, as youths' emerging identity processes and perspective-taking skills may make it difficult for them to accurately attribute experiences of identity-based bullying to specific aspects of their identity (Price et al., 2019).

After completing the measure's trauma history checklist, youth were asked to think about the traumatic event that bothered them the most now and rated how often they experienced 11 PTSS in the past month on a 5-point scale ranging from 0 (*none of the time*) to 4 (*most of the time*). Sum scores range from 0–44, and scores of 21 or higher indicate a clinically elevated risk for PTSD (Rolon-Arroyo et al., 2020). The UCLA PTSD RI-5 BF has been found to be a valid and reliable measure of PTSS in youth (Kaplow et al., 2020; Rolon-Arroyo et al., 2020). In the present sample, Cronbach's alpha was .88.

Depressive symptoms

The Short Mood and Feelings Questionnaire (SMFQ; Angold et al., 1995) is a 13-item self-report measure of depressive symptoms during the past 2 weeks. Participants were asked to rate each item on a three-point scale with response options of 0 (*not true*) 1 (*sometimes true*), and 2 (*true*). Sum scores range from 0–26, and scores of 8 or higher indicate a clinically elevated risk of depression (Angold et al., 1995). SMFQ items have shown good internal consistency diagnostic accuracy, and criterion-referenced validity in relation to other measures of depressive symptoms (Thapar & McGuffin, 1998). In the present sample, Cronbach's alpha was .89.

Emotional suppression

The Active Inhibition Scale (AIS; Ayers et al., 1998; Dodd et al., 2020) is an 11-item self-report measure that assesses emotional suppression (e.g., "You've tried not to feel sad"). Items are rated on a 5-point scale ranging from 0 (*never*) to 4 (*a lot*), with scores summed to create a total score ranging from 0 to 44. AIS scores have demonstrated excellent internal consistency (i.e., Cronbach's $\alpha \geq .90$; Howell et al., 2015); criterion-referenced validity in relation to measures of grief reactions, depressive symptoms, and PTSS; and measurement invariance across gender, race/ethnicity, and age in clinically referred youth (Dodd et al., 2020; Kaplow et al., 2014). In the current sample, Cronbach's alpha was .93. The AIS was administered at Clinics A, B, and C (i.e., the three trauma and/or grief specialty clinics). Among the subsample of youth from Clinics A, B, and C ($n = 499$), 13 were missing data on all AIS items, resulting in a subsample of 486 youth with available AIS data.

Data analysis

Descriptive statistics were calculated to examine the prevalence of each traumatic experience, and chi-square tests were used to test for demographic differences in identity-based bullying exposure. Linear regression models were used to examine the main effects of identity-based bullying exposure on youth mental health. Depressive symptoms and PTSS were examined as outcomes in separate models.

To isolate the unique association between identity-based bullying and mental health, predictors were entered into the regression models in a stepwise fashion. The covariates were entered in Step 1 of the analysis, including demographic characteristics (age, gender, race), clinic site (Clinics A, B, and C vs. Clinic D), and 11 binary variables representing potentially co-occurring traumas; identity-based bullying was entered in Step 2. Additional analyses were performed with the subsample of youth who completed the AIS (n = 486) to examine the moderating effect of emotional suppression on the associations between identity-based bullying and mental health. Emotional suppression was centered (Aiken & West, 1991), and an Identity-Based Bullying x Emotional Suppression interaction term was created. All covariates, with clinic site coded as Clinics B and C versus Clinic A because Clinic D did not have data on emotional suppression, and identity-based bullying were entered in Step 1 to replicate main effects; emotional suppression and the interaction term were entered in Step 2 and Step 3 of the analysis, respectively. Regression analyses were performed in RStudio (Version 4.1.1) using the *lm* function. A priori power analyses for a fixed linear multiple regression and increasing R^2 indicated that a minimum sample size of 200 was needed to detect a small to medium effect size (i.e., f^2 = .10–.15) at 80% power assuming an alpha value of .05 and 20 test predictors (Faul et al., 2009). Post hoc sensitivity analyses indicated that a sample size of 400 provided enough power to detect a small effect (f^2 = .05) assuming 80% power, an alpha value of .05, and 20 predictors.

There were low levels of missing data (i.e., less than 3%; see Supplementary Materials). The findings were consistent when using listwise deletion and multiple imputation. Models using listwise deletion are reported.

RESULTS

Prevalence of identity-based bullying

In total, 34.1% (n = 307) of Black and Latino youth endorsed experiencing some form of identity-based bullying. Figure 1 displays the prevalence rates for each traumatic event. Among youth who reported which event bothers them the most (n = 803), 2.9% selected identity-based bullying as their index traumatic event. The most commonly endorsed index traumatic event was bereavement (56.5%, n = 454), followed by sexual abuse (10.6%), "other" (i.e., did not fit into one of the categories, such as "separation from family"; 7.1%), and witnessing or hearing about the violent death or serious injury of loved one (6.1%).

Demographic correlates of identity-based bullying

The results indicated that the likelihood of experiencing identity-based bullying did not significantly vary between Black and Latino youth. Significant gender differences were found, $\chi^2(1, N = 899) = 6.74$, p = .009, such that identity-based bullying was more prevalent among girls (37.3%) than among boys (28.7%). When examining gender differences in identity-based bullying by race, the prevalence of identity-based bullying was higher among Latino girls (39.1%) compared with Latino boys (29.6%), $\chi^2(1, N = 536) = 4.512$, p = .034, whereas there were no significant gender differences in identity-based bullying among Black youth. When we probed gender differences in identity-based bullying by age, gender differences were prevalent among early adolescents (i.e., 11–14 years old), $\chi^2(1, N = 399) = 4.70$, p = .030, with early adolescent girls (41.3%) being more likely than early adolescent boys (30.3%) to endorse identity-based bullying. Gender differences were not significant among preadolescents (7–10 years old) or middle adolescents (15–18 years old). No significant patterns emerged when examining gender by race by age differences.

Associations between identity-based bullying and mental health

Linear regression models were used to examine whether experiencing identity-based bullying was independently associated with mental health (i.e., depressive symptoms, PTSS) after accounting for youth demographic characteristics (age, gender, race/ethnicity), clinic site, and co-occurring PTEs. Regression model results are reported in Table 1. With regard to Step 1 of the model examining depressive symptoms as the outcome, age, female gender, experiences of physical abuse in the home, and community violence were positively associated with depressive symptoms. Step 2 indicated that identity-based bullying was positively associated with depressive symptoms after accounting for covariates, ΔR^2 = .020, $F(1, 13) = 20.16$, $p < .001$.

With regard to Step 1 of the model examining PTSS as the outcome, female gender, experiences of sexual abuse, and physical abuse were positively associated with PTSS. Step 2 indicated identity-based bullying was positively associated with PTSS after accounting for covariates, ΔR^2 = .015, $F(1, 13) = 18.61$, $p < .001$. Notably, the effect sizes for identity-based bullying were similar to those for sexual abuse and physical abuse in predicting mental health symptoms (Figure 2).

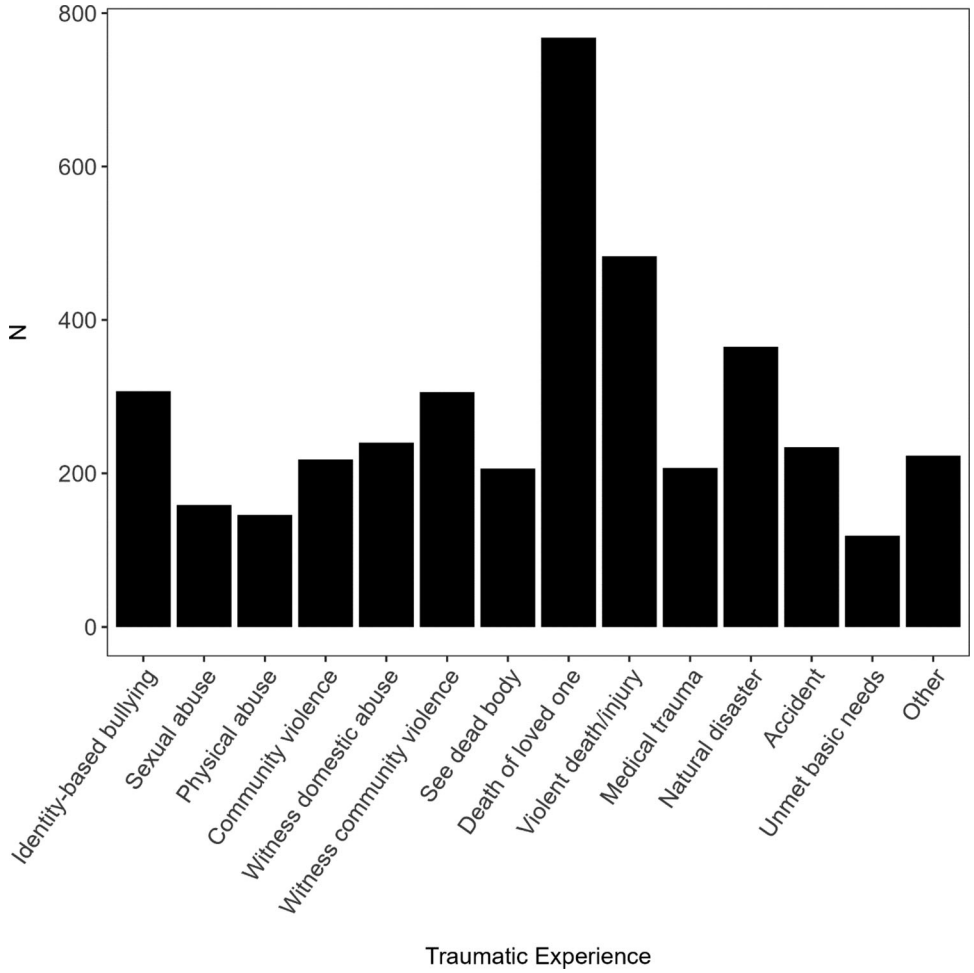

FIGURE 1 Prevalence rates of traumatic experiences in Black and Latino youth

Moderation analyses

First, the main effects of identity-based bullying on mental health, accounting for covariates (demographic characteristics, clinic site, co-occurring traumatic experiences), were successfully replicated in the subsample of youth who completed the AIS (see Supplementary Tables S2–S3). Next, emotional suppression and the Identity-Based Bullying x Emotional Suppression interaction term were entered in Steps 2 and 3 of the analysis, respectively. With regard to the model examining depressive symptoms as the outcome, the results indicated a main effect of identity-based bullying, $B = 1.61$, $SE = 0.51$, 95% confidence interval (CI) [0.60, 2.62], and emotional suppression, $B = 0.27$, $SE = 0.02$, 95% CI [0.24, 0.31], on depressive symptoms. The interaction term was not significant (Supplementary Table S2). With regard to the model examining PTSS as the outcome, emotional suppression was positively associated with PTSS, $B = 0.35$, $SE = 0.03$, 95% CI [0.29, 0.41]. The interaction term was not significant (Supplementary Table S3).

DISCUSSION

The primary aim of this study was to examine the role of identity-based bullying in the lives of Black and Latino youth with trauma histories by examining the prevalence rates and unique predictive utility of identity-based bullying victimization with regard to youth mental health. Underscoring the potentially traumatic nature of identity-based bullying experiences among treatment-seeking Black and Latino youth who have experienced trauma, the findings provide support for our study hypotheses. Consistent with these hypotheses, identity-based bullying victimization was independently associated with higher levels of depressive symptoms and PTSS after accounting for demographic characteristics and co-occurring trauma. In fact, identity-based bullying exposure was among the strongest predictors of mental health problems, demonstrating a similar effect size to other severe forms of interpersonal trauma, including sexual abuse, physical abuse, and community violence. Contrary to our hypothesis, emotional suppression did not

TABLE 1 Main effects of identity-based bullying on mental health

	Depressive symptoms			Posttraumatic stress symptoms		
Step and predictor	***B***	***SE***	**95% CI**	***B***	***SE***	**95% CI**
Step 1						
Black	−0.87	0.52	[−1.89, 0.15]	0.03	0.78	[−1.49, 1.56]
Age	0.18*	0.08	[0.02, 0.34]	0.08	0.12	[−0.16, 0.32]
Female	1.89***	0.45	[1.01, 2.77]	2.44***	0.68	[1.11, 3.77]
Clinic A[a]	−0.28	0.66	[−1.57, 1.01]	−0.71	0.99	[−2.65, 1.23]
Clinic B[a]	−1.14	0.72	[−2.54, 0.27]	−11.66***	1.08	[−13.77, −9.55]
Clinic C[a]	−2.48***	0.60	[−3.65, −1.31]	−3.94***	0.89	[−5.69, −2.19]
Sexual abuse	0.53	0.61	[−0.67, 1.74]	3.25***	0.92	[1.45, 5.05]
Physical abuse	2.18***	0.65	[0.89, 3.46]	3.55***	0.97	[1.64, 5.47]
CV	1.59**	0.56	[0.49, 2.68]	1.18	0.84	[−0.46, 2.82]
Witness DV	0.35	0.53	[−0.69, 1.39]	0.13	0.79	[−1.41, 1.68]
Witness CV	−0.42	0.50	[−1.41, 0.56]	1.13	0.75	[−0.35, 2.60]
Bereavement	−0.02	0.64	[−1.28, 1.24]	−0.01	0.97	[−1.91, 1.88]
See dead body	0.79	0.53	[−0.25, 1.83]	1.46	0.79	[−0.10, 3.02]
Violent death[b]	0.53	0.45	[−0.34, 1.40]	1.19	0.67	[−0.12, 2.50]
Natural disaster	−0.12	0.50	[−1.11, 0.86]	−0.33	0.76	[−1.82, 1.16]
Accident	0.24	0.49	[−0.72, 1.20]	0.34	0.74	[−1.10, 1.79]
Medical injury	0.78	0.52	[−0.24, 1.80]	1.08	0.77	[−0.44, 2.60]
Neglect	1.37*	0.66	[0.07, 2.67]	2.21*	0.99	[0.28, 4.15]
Other	0.73	0.50	[−0.25, 1.72]	3.02***	0.75	[1.56, 4.49]
		$\Delta R^2 = .150$			$\Delta R^2 = .327$	
Step 2						
IBB	2.10***	0.47	1.18, 3.02]	3.02***	0.70	[1.65, 4.40]
		$\Delta R^2 = .020$			$\Delta R^2 = .015$	

Note: CI = confidence interval; DV = domestic violence; CV = community violence; IBB = identity-based bullying.

[a]Clinic site was dummy coded such that Clinic D (all other clinics combined) is the reference group.

[b]Violent death or injury of a loved one.

*$p < .05$. **$p < .01$. ***$p < .001$.

moderate the associations between identity-based bullying and youth mental health but did show a strong main effect on both outcomes, suggesting emotional suppression may be related to depressive symptoms and PTSS among trauma-exposed youth regardless of identity-based bullying exposure.

Approximately one third of trauma-exposed Black and Latino children in the current study reported that they had been mistreated, bullied, threatened, or hurt because of their identity or identities. As most previous studies have used bullying measures that do not ask youth to attribute their bullying victimization to aspects of their identity or have focused more narrowly on experiences of racial discrimination, data on identity-based bullying experiences are lacking. However, one study that measured identity-based bullying in high school students found that 37% of Black and 43.3% of Latino youth experienced identity-based bullying victimization; these rates were even higher among gender-diverse Black and Latino youth (Galán et al., 2021). In our sample of treatment-seeking Black and Latino youth who had been exposed to trauma, identity-based bullying victimization was more common among girls of color, especially Latina (39.1%) or early adolescent girls (41.3%), compared with boys of color. The findings highlight the importance of considering the intersections of multiple social identities that can be related to unique experiences with intersecting systems of oppression (e.g., racism and sexism) as youth develop (Crenshaw, 2013; 2017).

Identity-based bullying was independently associated with poor mental health after accounting for youths' exposure to a wide range of PTEs. Moreover, exposure to identity-based bullying was among the traumatic events most strongly associated with depressive symptoms and PTSS. The only other traumatic events that were related to both indicators of mental health after accounting for demographic characteristics and co-occurring trauma exposure were two types of interpersonal trauma: sexual

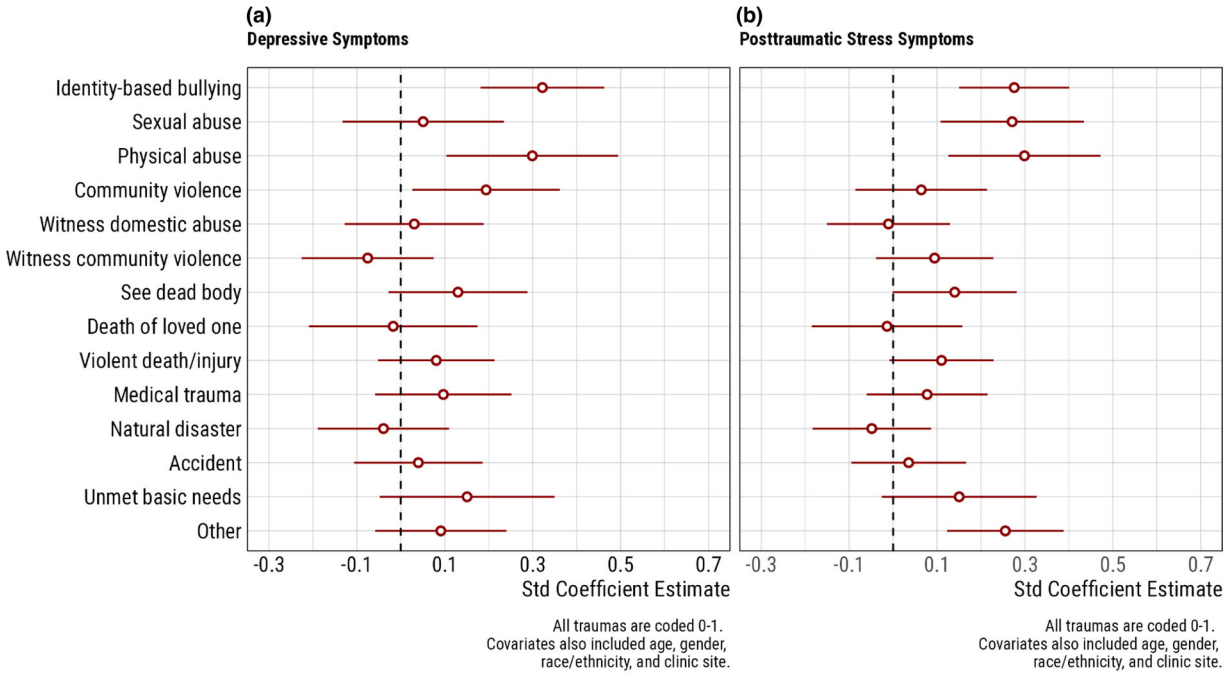

FIGURE 2 Standardized coefficient estimates from regression models testing trauma exposure as predictors of (a) depressive symptoms and (b) posttraumatic stress symptoms

abuse and physical abuse. Interpersonal trauma tends to occur within relationships characterized by responsibility, trust, or power and can result in actual or potential harm to youths' dignity, health, and overall development (Dugal et al., 2016). The results provide support for conceptualizing identity-based bullying as a potentially severe interpersonal trauma that can be psychologically threatening and induce emotional and physiological reactions similar to other traumatic events (Bryant-Davis & Ocampo, 2005; Carter, 2007).

Despite a growing body of evidence that Black and Latino individuals demonstrate elevated levels of PTSS not fully explained by other factors, trauma researchers have not typically considered discrimination experiences as a qualifying traumatic experience in the development of PTSD. Building on previous evidence that experiences of racial discrimination are related to poorer mental health in school and community-based samples of Black (e.g., Gaylord-Harden & Cunningham, 2009) and Latino youth (Chithambo et al., 2014; Flores et al., 2010), this study demonstrates that exposure to identity-based bullying victimization is related to both depressive symptoms and PTSS in treatment-seeking Black and Latino youth with trauma histories. Black and Latino youth report being targeted for their skin color; perceived English-language ability; and immigration status and negative stereotypes regarding economic disadvantage, poverty, and limited academic capabilities (Peguero & Williams, 2011). Acts of bullying rooted in discrimination can take the form of physical (e.g., hitting, kicking), verbal (e.g., name-calling, threatening), or social harm (e.g., public embarrassment, exclusion). These experiences can add to the already heightened load of stressors that trauma-exposed Black and Latino youth endure as they are forced to navigate unique barriers perpetuated by systems of oppression throughout their developmental contexts that White youth do not encounter (García Coll et al., 1996). These experiences may drain youths' cognitive and emotional resources, thereby rendering them more vulnerable to psychological distress (Clark et al., 1999).

Contrary to our predictions, emotional suppression did not significantly moderate the association between identity-based bullying and mental health. Longitudinal studies suggest emotional suppression is predictive of and may maintain symptoms of distress over time (e.g., depression; Dawel et al., 2021). The current findings suggest that emotional suppression may put Black and Latino youth at risk of developing depressive symptoms and PTSS regardless of their exposure to identity-based bullying and other traumatic events. Future studies should use qualitative research to advance the field's understanding of Black and Latino youths' motivations for employing emotional suppression as a potential coping mechanism and explore various sources of socialization (e.g., families, culture) and influence. For instance, emotional suppression may be a coping skill that youth of color learn from caregivers who have experienced racial oppression (McNeil et al., 2016). In addition, cultural values, such as *marianismo*

and *machismo* (i.e., Latino cultural beliefs that emphasize demure, controlled, and nurturing behavior for girls while fostering stoicism, assertiveness, and dominance in boys) or the concept of "John Henryism" in Black communities, which stresses perseverance and hard work to overcome life stressors (Arciniega et al., 2008; Castillo et al., 2010), may send messages to Latino and Black youth that they have to silently endure unequal hardships in order foster resilience.

Further, it is pivotal that future researchers identify protective factors for Black and Latino youth experiencing identity-based bullying. Parents of color often have conversations about race to prepare children for discriminatory encounters, while still maintaining positive beliefs about their culture (Dunbar et al., 2015). The field may benefit from investigations of the protective nature of racial socialization in the association between identity-based bullying and mental health symptoms.

Our data show that very few youths in the sample named identity-based bullying as their most traumatic event (2.9%), yet identity-based bullying was among the PTEs most strongly correlated with mental health in this clinic-referred sample of Black and Latino youth. One's perception of an event as traumatic has critical implications for treatment, and it will be important for clinicians to validate youths' experiences with identity-based bullying as potentially traumatic (Carter, 2007; Helms et al., 2012). When discrimination—or in this case, identity-based bullying—becomes chronic and a part of everyday life, it is possible that these experiences may not necessarily be perceived as a "traumatic event" to the victims who are regularly encountering this form of adversity. In addition, clinicians' own implicit biases, discomfort talking about issues of discrimination, and a lack of understanding or awareness of the potentially traumatic nature of identity-based bullying can limit their ability to readily identify youth who are at risk of or may be experiencing depressive symptoms or PTSS as a result of their identity-based bullying experiences (Saleem et al., 2020).

A growing body of evidence suggests that interventions that target coping and emotion regulation skills are efficacious in the prevention and treatment of psychopathology in children and adolescents, particularly those exposed to trauma (e.g., Compas et al., 2017; Saltzman et al., 2017). Given that PTEs that occur in the context of systems of oppression, such as identity-based bullying, are difficult to avoid as a means of preventing psychological distress, the ways in which youth respond to and cope with such environmental stressors have important implications (Compas et al., 2017). Additional research is needed to identify healthy coping and emotion regulation strategies that can reduce Black and Latino youths' risk for depressive symptoms and PTSS in response to identity-based bullying and other PTEs. Research shows that engagement coping strategies, as opposed to avoidant strategies, can buffer the effect of discrimination in youth of color (e.g., Edwards & Romero, 2008). However, it is critical that this work carefully consider the unique context of identity-based bullying experiences in youth of color, as the consequences of expressing negative emotions in discriminatory situations could lead them to serious harm (Dunbar et al., 2015).

The current study should be interpreted in the context of certain limitations. First, these data are cross-sectional. Longitudinal work is needed to establish the temporal order of associations among identity-based bullying, emotional suppression, and mental health. Second, the current sample consisted of trauma-exposed, cisgender, Black and Latino treatment-seeking youths, and although this sample represents an understudied and vulnerable population of youth who have been identified as potentially needing clinical intervention, the generalizability of our findings is limited. Future research should explore the extent to which identity-based bullying experiences are prevalent and associated with mental health in nonclinical community samples and more sociodemographically diverse populations that include LGBTQAI and immigrant youth. Another limitation is that identity-based bullying was assessed using a single broad item that aimed to capture lifetime exposure. This single-item approach is consistent with existing trauma history screeners (e.g., PTSD-RI), and the findings offer preliminary evidence for the clinical utility of screening for identity-based bullying exposure. However, future researchers could benefit from using a more comprehensive measure that assesses specific forms of bullying (e.g., physical assault, name-calling, social exclusion) as well as the frequency of these events. In addition, although the present study examined more overt acts of discrimination, future studies should also assess covert forms of discrimination (e.g., microaggressions), which can be equally or even more distressing than overt discrimination (Williams et al. 2018). Different manifestations of discrimination are theorized to elicit a variety of coping responses, which may have unique implications for mental health (Carter et al., 2007). Future work should also consider the potential role of moderators, such as the specific aspects of youths' identities that are targeted in acts of identity-based bullying. Finally, researchers should work to identify effective policy and system-level interventions that aim to prevent and reduce acts of identity-based bullying in schools.

OPEN PRACTICE STATEMENT

The study reported in this article was not formally preregistered. Neither the data nor the materials have been made

available on a permanent third-party archive; requests for the data or materials can be sent via email to the lead author at lalvis@mmhpi.org.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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