

Is there a difference
in depressive
symptoms between
adolescents who
engage bully...



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Is there a Difference in Depressive Symptoms between Adolescents who Engage Bullying vs Bullying Victims?

According to Georgiou and Stavrinides (2013), bullying is one of the primary acts of aggression threatening the health and wellbeing of young people worldwide. It is a stressful life event that positions defenseless youths at risk for a host of negative outcomes. Bullying victimization is defined as a form of deliberate and repetitive aggression that is directed at a less powerful individual. In addition, it covers a wide range of behaviors including physical bullying (e. g. hitting), verbal bullying (e. g. name-calling), or psychological bullying (e. g. spreading rumors). Many studies about bullying showed many mental problems seem to be related to bullying or victimization such as depression, anxiety, psychosomatic complaints, night wetting, stuttering, encopresis, suicide ideas, conduct disorder, bipolar disorder, alcohol and substance use disorders and attention deficit hyperactivity disorder (Hesapcioglu, Meraler, & Ercan, 2018).

As stated by World Health Organization (2008) (as cited in Alba, Calvete, Wante, Van Beveren, & Braet, 2018), bullying victimization among adolescents is a worldwide public health matter. Adolescence is an important time in life when depression disorders can increase substantially. The affiliation between bullying victimization and depressive symptoms has been studied highly over the years. Depression is one of the most prevalent and debilitating mental health problems in adolescents. Some adolescents are more exposed to developing depression when open to adversity. Studies have indicated that compared to non-victims, victims suffer from higher rates of depression, anxiety, low self-esteem, loneliness, psychosomatic

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complaints, and suicidality (Cook, Williams, Guerra, Kim, & Sadek, 2010).

According to Hankin, Mermelstein, & Roesch (2007), depressive symptoms can appear as a result of bullying victimization due to lower self-esteem and body image. Moreover, the prevalence of depression increased significantly across adolescence, with markedly greater increases among girls as compared to boys. Analyzing parent-child conflicts is pivotal because parent-child conflicts are one of the primary components for the establishment of depression in children and adolescents.

According to Lahav-Kadmiel and Brunstein-Klomek (2018), boys typically tend to be victims of direct forms of bullying, such as verbal or physical violence; whereas, girls tend to become victims of indirect, psychological, and social forms of bullying, such as spreading rumors or social ostracization. The connection between boys and girls in the bullying cycle are associated with the relationships they have with their parents. Furthermore, parent-child conflicts are described as circumstances of incompatible behaviors or opinions, or a behavioral opposition, and thus, refer to specific aspect of the relationship between parents and their children. Parent-child disputes were found to be strongly related to a child's psychopathology, specifically depression. Findings showed higher levels of depressive symptoms in children who identified the relationship with their parents conflictual. Their study was to specifically examine parent-child conflicts as a moderator in the association between victimization and depressive symptoms among adolescents. The demographic surveys included information about age, grade, gender, household composition, and socio-economic status. It also included questions about bullying victimization within the last six months,

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including frequency, types, and location of victimization. A victim of bullying experiences a repeated negative behavior (frequency), is intentional, and involves a power differential between the bully and the victim (Malecki, Demaray, Coyle, Geosling, Rueger, & Becker, 2015). Significant gender differences were found. The association between bullying victimization and depressive symptoms in girls was stronger when the level of parent-child conflicts was high; whereas, it was stronger for boys when the level of parent-child conflicts was lower. Therefore, the merged effect of two interpersonal stressors found girls as more vulnerable to depression. Regarding the parent's gender, results indicated that mother-child disputes and father-child disputes had similar moderation effects on the association between victimization and depressive symptoms among boys and girls. Lahav-Kadmiel and Brunstein-Klomek (2018) findings are consistent with previous studies which reported that negative relationships with fathers was associated with depressive symptomatology the same way as negative relationships with mother.

Aggressive behaviors towards peers are of special importance during adolescence given the significant role that peer relationships play in social and emotional development. This complex psycho-social phenomenon involves several different roles - victims, bullies, and bystanders - who suffer from psychological and emotional consequences (Quintana-Orts, Rey, Merida-Lopez, & Extremera, 2019). Their study's purpose was to examine a theoretical model of how emotional intelligence, depressive symptoms, and gender interact to influence suicidal ideation and attempts in a sample of Spanish victims of bullying. Mediation and moderation analyses were

performed using conditional process analysis. Findings showed that emotional intelligence is a predictor of decreased suicide victims. This effect was moderated by gender, such as the mediation effect was stronger in females compared to males. The promotion of emotional skills could be core to the development of suicide prevention programs in those high-risk adolescents who have suffered from bullying. Coping with bullying victimization by self-blame among adolescents might confer heightened risk for both depression and suicide ideation above and beyond the level of victimization (Cohen, Shahar, & Brunstein-Klomek, 2019). Furthermore, gender should be taken into consideration, especially regarding females reporting depressive symptoms related to having been bullied. It may be that gender differences in emotional processes and emotion management underlie the greater occurrence of emotional problems in women and hence the greater prevalence of psychological maladjustment. Exposure to stress in adolescents has been correlated with critical emotional and psychological issues (Hesapcioglu, Meraler, & Ercan, 2018).

Suicide is one of the most leading causes of death worldwide and it all begins with a single thought. Victimization has been linked with an increased risk for both suicide attempts and suicidal thoughts. According to Quintana-Orts, Rey, Merida-Lopez, and Extremera (2019), depression has consistently been shown to be a common factor of suicide and one of the strongest risk factors following victimization. Victims of bullying are at an upraised risk of negative outcomes, such as negative feelings and difficulty in emotion regulation which have been recognized to be connected with depressive symptoms which increases risk of suicide. Suicide risk is generated through the

interaction of the individual's biological and cognitive vulnerabilities and stressful life experiences (Swearer & Hymel, 2015). Because depressive mood derived from bullying victimization has been established as a common risk factor of suicide risk (Fredrick & Demaray, 2018), it is crucial to consider protective factors that protect victims or place them at greater risk for the adverse mental health consequences of bullying if they are lacking.

Emotional Intelligence is an effective way of regulating negative effects in adolescence and protecting against the damaging effects of bullying victimization (Resurreccion, Salguero, & Ruiz-Aranda, 2014).

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