

Bullying Victimization, Self-Esteem and Psychosocial Problems in the Pakistani Adolescents

***Saira Batool**

Institute of Applied Psychology, University of the Punjab, Lahore, Pakistan

The aim of the present research was to examine the relationship between bullying victimization, self-esteem and psychosocial problems in adolescents. The present study also looked at the mediating role of self-esteem in relationship between bullying victimization and psychosocial problems in Pakistani adolescent. Sample was selected from different Government schools of Lahore, Pakistan. Total 499 participants were selected and they were falling within the age range of 13-17 years ($M= 14.58$; $SD = 1.14$). Peer relationship assessment instrument, Rosenberg Self Esteem Scale, Depression, Anxiety, Stress scale-21, and UCLA loneliness Scale were used for assessment. Data were analyzed using Pearson Product Moment Correlation analysis and Structural Equational modelling (SEM) through AMOS. It is found that bullying victimization has a significant negative relationship with self-esteem and significant positive relationship with psychosocial problems whereas self-esteem is significantly negatively correlated with psychosocial problems. Self-esteem partially mediates the relationship between bullying victimization (Social & Physical) and psychosocial problems. The findings highlight adverse impact of bullying on psychosocial well-being of the victims and also that self-esteem can play an important role in mitigating the effect of bullying. The findings highlight that need for provision of psychological services in Pakistani schools in order to reduce bullying and its implications for the victims.

Keywords: Bullying Victimization, Self Esteem, Psychosocial Problems, Depression, Anxiety, Loneliness, Pakistani Adolescents

Bullying among children and teenagers is a serious matter across the globe. School bullying and peer victimization has been reported to be related with adverse health and psychosocial problems of adolescents (Iyer-Eimerbrink et al., 2015; Pengpid & Peltzer, 2019). Bullying victimization refers to a process in which an adolescent is exposed to a set of repetitive, negative acts performed intentionally by their peers. These negative acts may be verbal, social or physical in nature, e.g. kicking or hitting, taunting or teasing, or they may include indirect actions such as intentionally excluding others from activities or manipulating relationships and friendships. It is hostile and aggressive behavior that involves an imbalance of strength or power between the victim and perpetrator and is intended to cause harm or distress to the victims. The victim is most typically the recipient of the bullying behavior while the bully perpetrator targets the victim by performing all these behaviors (Olweus, 1993).

Bullying among children and adolescents has become a matter of serious concern worldwide. In USA, nearly 1 in 3 students report being victimized during the school years (National Center for Educational Statistics, 2019). In a cross-sectional study, Alzahrani (2012) indicated that more than one quarter (28%) students described exposure to some form of bullying in Saudi Arabia. School bullying is also a common phenomenon in Pakistani schools and more frequent during middle and high school. Shaikh (2013) found the overall prevalence of bullying

* Correspondence concerning this article should be addressed Ms Saira Batool, Institute of Applied Psychology, University of the Punjab, Lahore, Pakistan. Email: Sairakhalid09@gmail.com

victimization was 41.3% with 35.5% in female students and 45.1% in male students. Shujja and Shujjat (2014) reported prevalence of bullying ranging between 19.6% - 24.1% among sixth graders in Pakistan. In another study, rate of bullying in Pakistani schools was reported to be 17% bullies, 19% victims, and 28% students identified as bully-victims (Khawar et al., 2015).

Bullying puts the victims at increased risk for social and mental health problems (Reynolds, 2008). Victimization has been found to be linked to a variety of internalizing problems (Tfofi et al., 2011). Past literature has provided empirical evidence for the detrimental and harmful outcomes of exposure to various types of victimization on students' social and mental health. Victims of school bullying are reported to suffer from social and mental health problems, such as loneliness, depression, and anxiety (Troop-Gordon & Ladd, 2005). Adolescents who are being bullied are reported to have low self-esteem and often feel depressed, lonely, and anxious (e.g. Evans et al., 2019; Iyer-Eimerbrink et al., 2015; Pengpid & Peltzer, 2019).

According to Cognitive diathesis-stress model, stressful events from life play a significant role in developing the symptoms of anxiety (Leen-Feldner et al., 2006) and depression (Hammen & Rudolph, 2003; Garber & Horowitz, 2002). In a meta-analysis of approximately 32 studies, relationship between bullying victimization and the internalizing problems including loneliness, depression, and anxiety was explored and a significant positive relationship for all three forms of internalizing problems was found (Iyer-Eimerbrink et al., 2015). In another meta-analysis conducted by Moore et al. (2017), health and psychosocial problems associated with bullying victimization were investigated. The evidence was strong for relationships between bullying victimization and mental health problems including anxiety and depression. In a longitudinal study, Averdijk and colleagues (2011) examined the association between bullying victimization at age 8 and depression anxiety at age 11 and they found bullying victimization as significant predictor of depression and anxiety in children. The victims facing negative peer experiences seem to get detached socially from their peers (Schwartz et al., 1993) and history of being bullied at younger age predicts loneliness in young adults (Pengpid & Peltzer, 2019; Segrin et al., 2012). Peer victimization is an antecedent to children's self-reports of loneliness and social victimization is associated with greater feelings of loneliness (Storch et al., 2003).

Bullying damages an individual's ability to see him/herself in a positive light and victims with lower self-esteem experience higher levels of loneliness, depression, and anxiety (Hawker & Boulton, 2000; Rigby, 2003). Positive self-evaluation shows high self-esteem while negative evaluation indicates low self-esteem. Literature on bullying victimization and self-esteem consistently reports that victims of bullying have low self-esteem than non-victims (Egan & Perry, 1998; Seixas et al., 2013; Wild et al., 2004). Bullying victimization is found to have positive correlation with internalizing symptoms and negative relationship with self-esteem (Evans et al., 2019). Hesapcioglu et al. (2018) examined relationship between self-esteem and depression in high school students and found that bullying victims reported higher depressive symptoms and lower self-esteem. In another study, significant negative relationship was found between bullying victimization and self-esteem in intermediate elementary school students (Spade, 2007). Leeuwis et al. (2015) studied the mediating role of self-esteem between exposure to victimization and development of internalizing problems in a longitudinal study with a sample of adolescents. Victimization lowered self-esteem which in turn predicted increase in internalizing problems. Furthermore, low self-esteem mediated the relationship between victimization and internalizing problems.

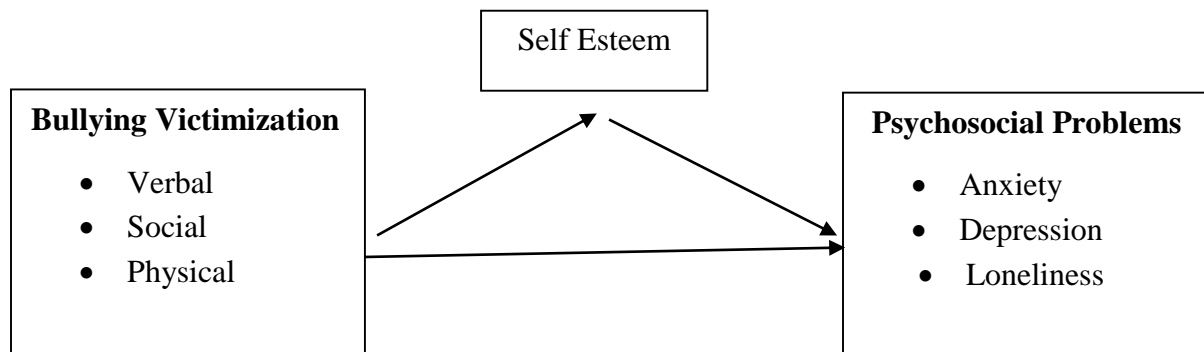
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In Pakistan, very few studies have been conducted on bully victimization and its implications (Bokhari et al., 2020; Ilyas et al., 2021; Naveed et al., 2019). Keeping in view the high prevalence of bullying reported in Pakistani schools and its likely impact on adolescents' psychosocial well-being, the current study aimed to explore impact of bullying for the victims in the Pakistani context. The aim of the present research was to explore relationship between bullying victimization, self-esteem and psychosocial problems of adolescents as well as to examine the mediating role of self-esteem in relationship between bullying victimization and psychosocial problems in adolescents in Pakistan.

It was hypothesized that: Bullying victimization (verbal, social & physical) is likely to have a negative relationship with self-esteem and positive relationship with psychosocial problems (depression, anxiety, & loneliness) in adolescents; Self-esteem is likely to mediate the relationship between bullying victimization and psychosocial problems (anxiety, depression & loneliness) of adolescents. The following model was proposed for the present study (see figure 1).

Figure 1

Proposed Model for Bullying Victimization Predicting Psychosocial Problems



The mediating role of self-esteem in relationship between bullying victimization and psychosocial problems in adolescents.

Method

Participants

Sample comprised of 499 adolescents ranging in ages between 13-17 years ($M= 14.58$, $SD = 1.14$) and they were recruited from different Government schools of Lahore, Pakistan. Purposive sampling strategy was used and prior to recruitment they were screened using peer relationship assessment instrument. Those adolescents were recruited whose duration of studying in the current school was at least six months and they were from intact families. Those with any visible physical disability were excluded (see table 1).

Table 1*Demographic Characteristics of the Sample (N=499)*

Variables		<i>M</i>	<i>SD</i>	<i>f</i>	<i>%</i>
Gender					
	Boys			308	61.7
	Girls			191	38.3
Class					
	9 th			281	56.3
	10 th			218	43.7
Family System					
	Nuclear			273	54.7
	Joint			226	45.3
Family Monthly Income (PKR)		40492.38	45256.87		
Father Education (in years)		10.20	4.35		
Mother Education (in years)		9.27	4.61		

Measures***Demographic Information Sheet***

Demographic information sheet was prepared for gathering information pertaining to the participant's age, gender, class, family system, monthly income, duration in the current school, and parents' education.

Adolescent Peer Relationship Assessment Instrument

Urdu translated version (Sehar & Fatima, 2013) of Peer relationship assessment instrument by Parada (2000) was used to assess bullying victimization in adolescents. It comprises of six subscales including bullying perpetration (verbal, social and physical) and bullying victimization (verbal, social and physical) and only bullying victimization subscales were used in the present research. Each item is rated on a 6-point rating scale (1= *never* to 6= *daily*) and higher score on each subscale shows higher level of victimization. A score of less than 18 on overall scale is considered no victimization. For the current study sample, Cronbach alpha reliability for verbal, social and physical subscales was .75, .73 and .70 respectively.

Rosenberg Self-Esteem Scale (RSE)

Rosenberg (1965) developed this scale to measure self-esteem and it consists of 10 items with a 4-point Likert scale format ranging from strongly agree to strongly disagree. Item number 2, 5, 6, 8, and 9 have reverse scoring. Sample items are "I feel that I have a number of good qualities," "I feel I do not have much to be proud of," and "On the whole I am satisfied with myself". Overall score ranges from 0-30 and higher score indicates higher self-esteem. Urdu translated version (Rasool & Kausar, 2013) was used in the present study and its reliability for the present study was .76.

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Depression, Anxiety, Stress scale (DASS-21).

It was developed by Lovibond and Lovibond (1995) and consists of 21 items with 4-point rating scale. Each scale has seven items and higher score represents higher level of stress, anxiety and depression. Only anxiety and depression subscales were used in the present study. Urdu translated version (Zafar & Kausar, 2013) was used in the present study and internal consistency for anxiety and depression scale for the present study were .72 and .73 respectively.

UCLA loneliness Scale

The scale assesses feelings of loneliness as well as social isolation. It comprises of 20 items and each item is rated on a 4-point rating scale. The score ranges from 0-60 and higher score indicates more loneliness (Russell et al., 1978). In the present study, Urdu translated version was used (Zafar & Kausar, 2013) and its internal consistency was .70 for the present sample.

Procedure

Research proposal was approved by the Department Doctoral Program Committee and Advanced Studies and Research Board of the University of the Punjab, Lahore, Pakistan. Permission from the authors of the scales was sought to use scales in the present study. The researcher visited different schools of Lahore and got permission from the respective heads of the schools for data collection. Students were approached in their classes with the help of teaching staff. Data was gathered in two stages. Initially, adolescent peer relationship assessment questionnaire was administered to screen those adolescents who had been experiencing bullying and subsequently, those who met the inclusion criteria of scoring above 18 on the scale were approached through the designated teachers. Each potential participant was explained purpose of the study, was assured of the confidentiality of the information provided by them and were briefed about their right to withdraw from the study at any time. Those who agreed to take part were provided with a consent form to sign for seeking their consent. Assessment tools were completed by the participants in the presence of researcher. In case a participant felt distressed either during assessment or afterwards, he/ she was referred for counseling services at the student counseling and assessment services offered by University of the Punjab, Lahore, Pakistan.

Results

Data were analyzed using descriptive as well as inferential statistics using SPSS and AMOS. Pearson Product Moment Correlation analysis was used to find out relationship between study variables and regression analysis was used to examine the mediating role of self-esteem between bullying victimization and psychosocial problems in adolescents. Descriptive statistics of study variables as well as internal consistencies of the scales are presented in table 2.

Table 2*Descriptive Statistics and Reliability Analysis of Scales (N= 499)*

Scales	K	M	SD	Range	Cronbach's α
Verbal Victimization	6	12.20	5.36	6-36	.75
Social Victimization	6	10.42	4.49	6-34	.73
Physical Victimization	6	10.80	4.42	6-31	.70
Self Esteem	10	18.64	4.96	3-30	.76
Anxiety	7	5.95	4.11	0-21	.73
Depression	7	6.32	4.30	0-21	.72
Loneliness	20	25.17	7.74	7-56	.70

As can be seen from table 2 that all scales had acceptable reliability for the present sample. Pearson Product Moment Correlation analysis was used to examine the relationship among bullying victimization (verbal, social & physical) self-esteem and psychosocial problems (i-e. anxiety, depression, & loneliness) in adolescents. The results are given in table 3.

Table 3*Pearson Moment Correlation among Bullying Victimization, Self-Esteem and Psychosocial Problems in Adolescents (N =499)*

Variables	1	2	3	4	5	6	7
1.Verbal Victimization	-	.51**	.49**	-.13*	.16**	.17**	.19**
2.Social Victimization		-	.51**	-.18**	.18**	.21**	.18**
3.Physical Victimization			-	-.19**	.27**	.21**	.19**
4.Self-Esteem				-	-.16**	-.30**	-.36**
5.Anxiety					-	.66**	.39**
6.Depression						-	.50**
7.Loneliness							-

Note:* $p < .01$, ** $p < .001$

Results reveal that all forms of bullying victimization (verbal, social and physical) had significant negative relationship with self -esteem and significant positive relationship with psychosocial problems (depression, anxiety, and loneliness) while self-esteem was significantly negatively correlated with psychosocial problems (anxiety, depression and loneliness).

To examine the mediating role of self-esteem in relationship between victimization and psychosocial problems, mediation analysis was performed on Amos. First verbal, social and physical victimization were entered as exogenous (Independent variables) whereas self-esteem, anxiety, depression, and loneliness were added as endogenous variables specifying self- esteem as mediator and others as outcome variables. SEM analysis using AMOS was done to estimate the model fit (see table 4).

Table 4*Model Fit Indices for Victimization, Self Esteem, Psycho-Social Problems of Adolescents*

Model	χ^2 /df	TLI	CFI	NFI	RMSEA
Final Model	.28	.99	1.00	.99	.00

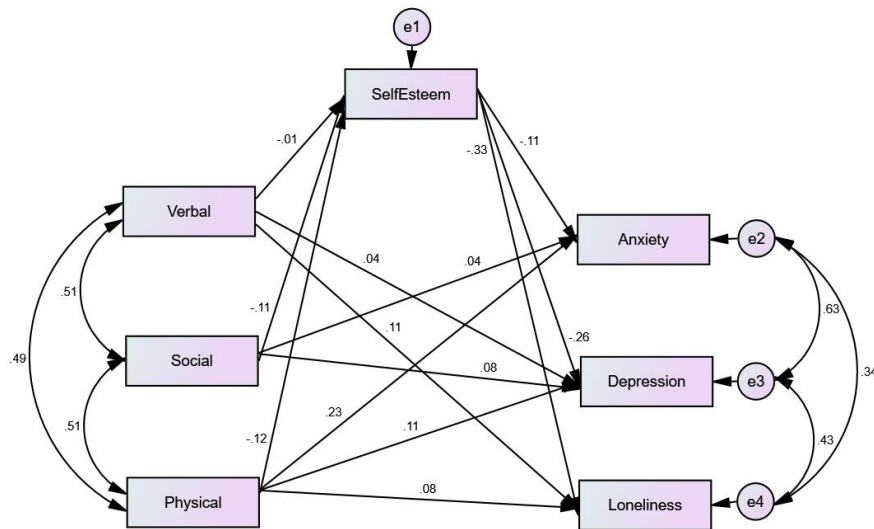
Note: N= 791, TLI= Tucker Lewis Index; CFI= Comparative Fit Index; NFI; Normed Fit Index; RMSEA= root mean square error of approximation.

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The values of TLI, CFI and NFI were also acceptable as greater than .95. The results of final model indicated that the overall model is fit ($\chi^2(2, N=499) = .56, p = .75$) (see Figure 2).

Figure 2

Structural Equational Modeling Predicting Psychosocial Problems



Note. Model of three exogenous and four endogenous variables. Completely standardized maximum likelihood parameter estimates. The residual variance components (error variances indicate the amount of unexplained variance. Thus for each observed variable, $R = (1 - \text{error variance})$).

The paths of mediational model were analyzed through direct and indirect effects of study variables (see table 5). For direct effects path coefficients, verbal victimization significantly positively predicted loneliness while social victimization significantly negatively predicted self-esteem. Physical victimization was a significant positive predictor of anxiety and depression and it negatively predicted self-esteem. Self-esteem significantly negatively predicted anxiety, depression, and loneliness. Direct effect path coefficients yielded non-significant regression coefficients of predicting self-esteem through verbal victimization.

Table 5

Standardized Estimates of the Direct Effect of the Path for Anxiety, Depression, and Loneliness (N=499)

Variables	Self Esteem		Anxiety		Depression		Loneliness	
	β	SE	β	SE	β	SE	β	SE
Verbal Victimization	-.01	.05	.01	.04	.04	.03	.11*	.06
Social Victimization	-.11*	.06	.04	.04	.08	.04	.03	.08
Physical Victimization	-.12*	.06	.23***	.05	.11*	.05	.08	.08
Self Esteem			-.11*	.04	-.26***	.04	-.33***	.06

Note: * $p < .05$, ** $p < .01$, *** $p < .001$.

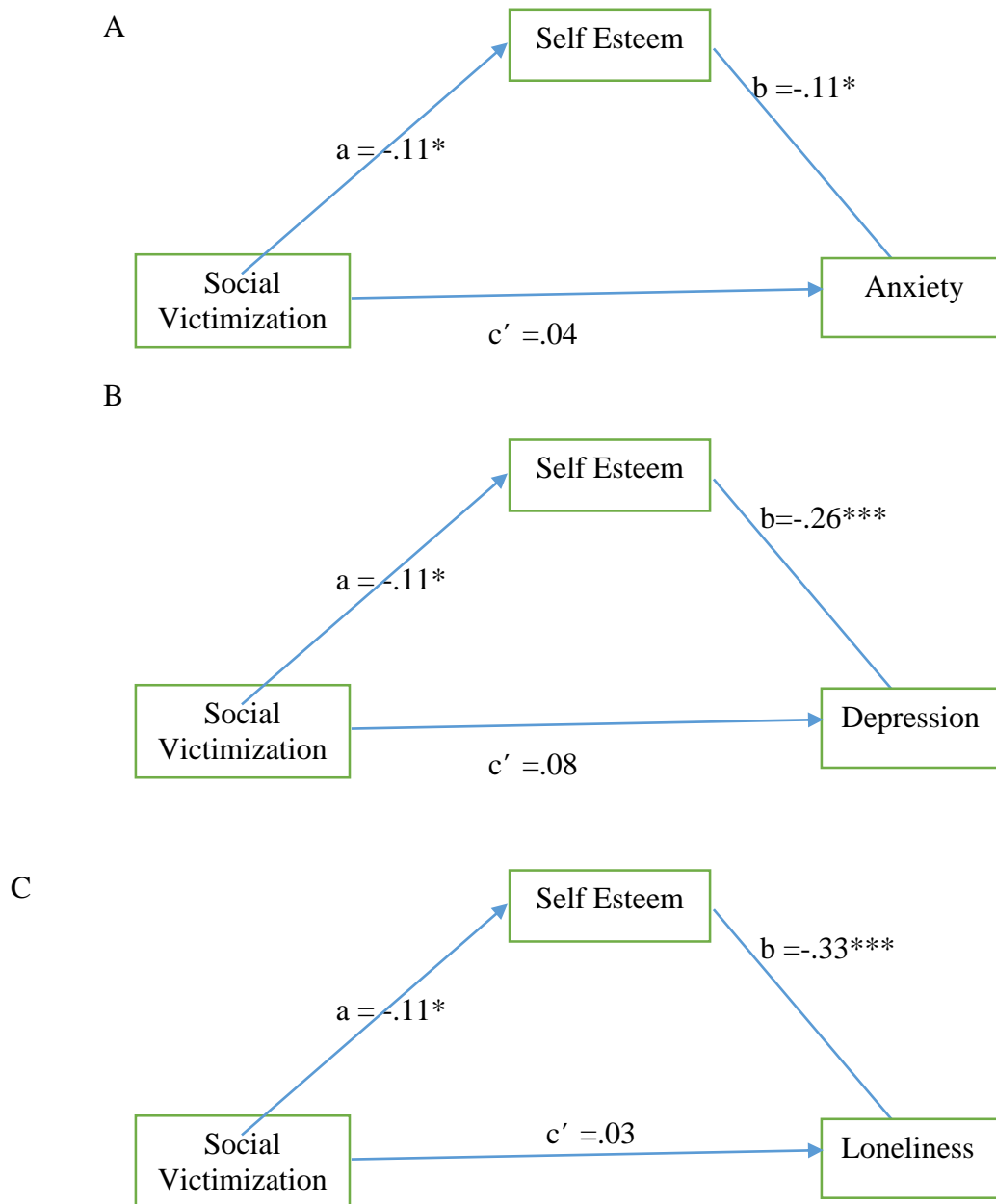
Indirect effect of verbal victimization was not significant for psycho-social problems of adolescents. The indirect effect of social and physical victimization on anxiety, depression and loneliness was significant through self-esteem reflecting that self-esteem mediated the relationship between social and physical victimization and psycho-social problems of adolescents. It can be concluded that the model indicates mediation reflecting that high scores on social and physical victimization ascertain low scores on self-esteem which ultimately result in higher level of anxiety, depression, and loneliness.

As the direct paths from social victimization to anxiety, depression and loneliness were not significant which indicates that self-esteem fully mediated the relationship between social victimization and psychosocial problems (see figure 3).

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Figure 3

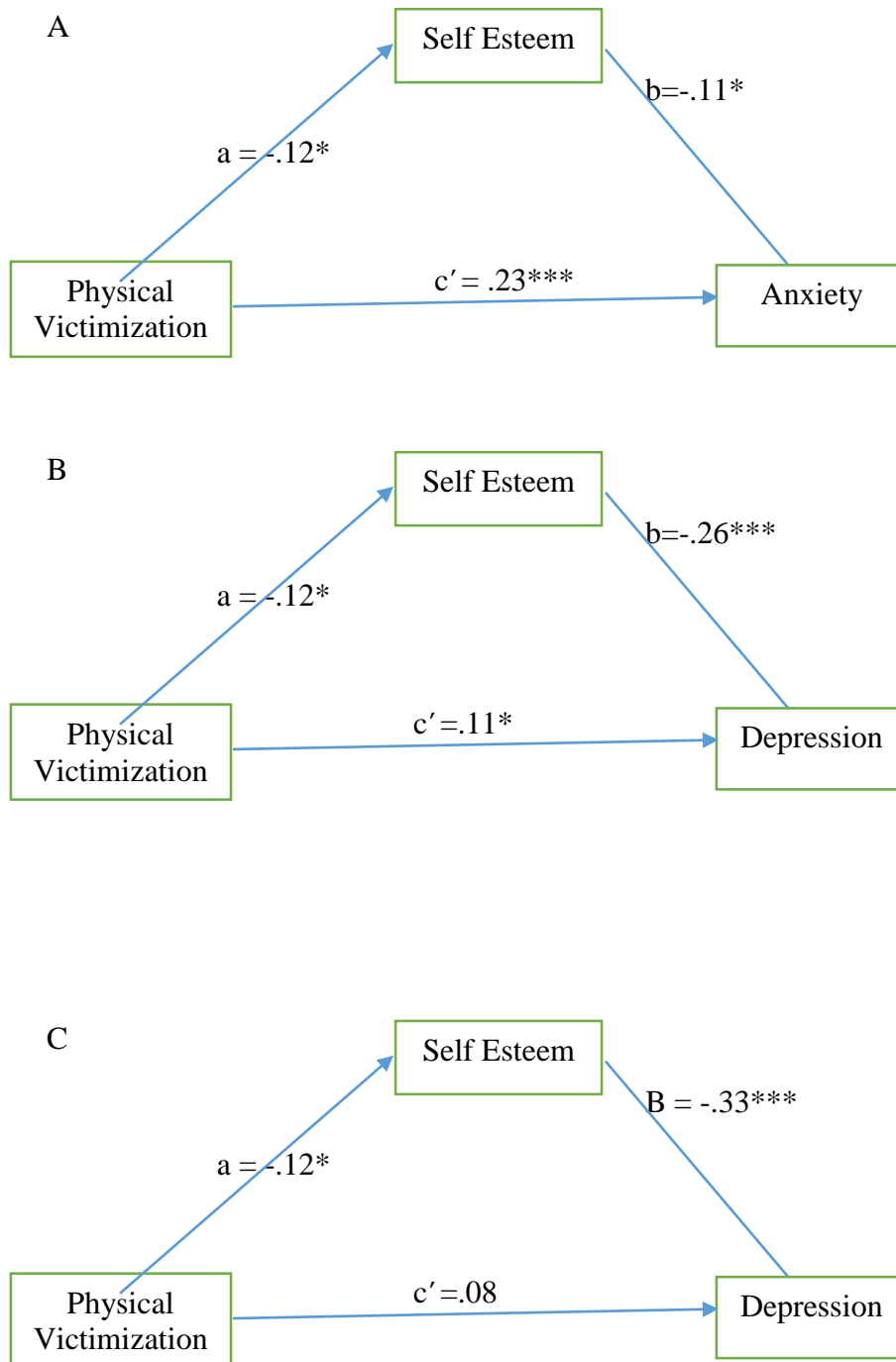
Mediating role of Self Esteem between Social Victimization and Psychosocial Problems of Adolescents



For physical victimization, the direct paths from physical victimization were significant for anxiety and depression and not significant for loneliness which indicated full mediation for loneliness and partial mediation for anxiety and depression (see figure 4).

Figure 4

Mediating Role of Self Esteem between Physical Victimization and Psychosocial Problems of Adolescents



Independent sample t test was run to find out gender differences in victimization, self-esteem and psychosocial problems in adolescent (see table 6).

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Table 6

Independent Sample t-test to see Gender Differences in Victimization, Self Esteem and Psychosocial, Problems in Adolescents (N=499)

Variables	Boys (n=308)		Girls (n=191)		<i>t</i> (497)	<i>P</i>	95% CI		Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
Verbal	12.83	5.45	11.18	5.07	-3.38	.001	-2.62	-.69	0.31
Social	10.59	4.59	10.15	4.32	-1.08	.28	-1.12	-1.26	-
Physical	11.54	4.70	9.60	3.65	-4.85	.001	-2.38	-2.72	0.46
Self Esteem	18.62	5.01	18.66	4.87	.08	.94	-1.03	-.86	-
Anxiety	6.10	4.16	5.70	4.04	-1.04	.29	-.44	-1.14	-
Depression	6.79	4.53	5.58	3.83	-3.08	.01	-.86	-1.99	0.29
Loneliness	25.54	7.31	24.58	8.38	-1.35	.18	-.99	-2.36	-

Note: *M*= Mean, *SD*= Standard Deviation

Results revealed that there are significant gender differences in verbal and physical victimization, and depression. Boys experience more verbal and physical victimization and depression as compare to girls.

To summarize, bullying victimization had significant negative relationship with self-esteem and significant positive relationship with psychosocial problems, while self-esteem is significantly negatively related with psychosocial problems. Self-esteem partially mediated the relationship between bullying victimization and psychosocial problems in Pakistani adolescents.

Discussion

The current research investigated the relationship between bullying victimization, self-esteem and psychosocial problems in adolescents. The findings regarding correlation indicate a significant negative relationship between all types of bullying victimization (verbal, social & physical and self-esteem). The association of social and physical forms of bullying victimization with self-esteem was strong as compared to verbal victimization. Similar results have been reported by previous studies regarding bullying and self-esteem (Egan & Perry, 1998; Salmivalli et al., 1999; Wild et al., 2004). Bullying is reported to damage one's ability to see in a positive way (Hawker & Boulton, 2000; Rigby, 2003) and hence results in low self-esteem in victims (Spade, 2007). Victims learn that they are undesirable, unwanted and they cannot defend themselves thus lose their confidence. When they are bullied repeatedly, they may consider themselves unsafe in the world and that they lack control over the process of bullying. As victims are seen by others as weak, pathetic, and losers which makes them believe that the bullies are saying right about them (Dombeck, 2014). Our findings are also in line with researches conducted by Hesapcioglu et al. (2017) and Evans et al. (2019), as they also found negative relationship between bullying victimization and self-esteem. In another study, Seixas et al. (2013) found that the victimized group had the lowest self-esteem.

Findings of the present research also show that all types of bullying victimization (verbal, social and physical) had significant positive relationship with psychosocial problems i.e. anxiety depression and loneliness. Victims of bullying are reported to be at-risk of developing social and mental health problems (Reynolds, 2008) and victimization is associated with a wide range of internalizing problems (Ttofi et al., 2011). Past literature has indicated the particularly detrimental and harmful effects of exposure to various forms of victimization on students' mental health (Iyer-

Eimerbrink, et al., 2015). In a meta-analysis, Moore, et al. (2017) found strong evidence for causal links between bullying victimization and mental health problems such as anxiety and depression. In another study, Averdijk and colleagues (2011) found that bullying victimization significantly predicted anxiety and depression in children. It has been indicated that individuals who are exposed to both social and physical victimization report higher levels of anxiety than those who experience only one form of victimization (Prinstein et al., 2001; Storch & Masia-Warner, 2004).

Our findings further indicate that self-esteem was significantly negatively correlated with psychosocial problems (anxiety, depression & loneliness). Bullying damages an individual's ability to perceive him/herself in a positive light and victims have lower self-esteem and higher levels of psychological problems and loneliness (Hawker & Boulton, 2000; Rigby, 2003). Adolescents who are victimized have low self-esteem and mostly experience symptoms of depression, anxiety and feel loneliness (e.g., Boivin & Hymel, 1997; Egan & Perry, 1998). Our findings are also supported by a study conducted by Hesapcioglu et al. (2018) who found that bullying victims of high school have depressive symptoms.

In the present study, self-esteem fully mediated the relationship between social victimization and psychosocial problems while self-esteem partially mediated relationship between physical victimization and psychosocial problems. Similar findings have been reported by a research by Leeuwis et al. (2015) who investigated the mediating role of self-esteem in the association between exposure to peer victimization and development of internalizing problems. They found that victimization decreases one's self-esteem and then self-esteem increases internalizing problems in adolescents. Furthermore, self-esteem mediated the association between victimization and internalizing problems. Turner et al. (2017) also revealed that self-esteem mediated the association between victimization and stress. So all above mentioned researches lend support to our findings. The mediating role of self-esteem between verbal victimization and psychosocial problems was not significant. It could be that one may find it difficult to recognize and identify verbal victimization as compare to other forms of bullying and mostly students get used to it and they learn to ignore it. They consider it a routine matter and a bully can also justify it as good natured ribbing between friends.

Boys experienced more verbal and physical victimization as compare to girls. Both boys and girls experience victimization but boys are reported to experience mostly direct bullying, such as verbal abuse or violence (Rivers & Smith, 1994). Shaikh (2013) also found that the prevalence of bullying was higher in male students than females in Pakistan. When two boys come together they want to rule or show their strength. In Pakistani cultural context, boys are reinforced for such aggressive behaviors by the family, this might be a reason for increased bullying in boys (Khawar et al., 2015). It can be concluded that bullying victimization is linked with internalizing problems in the adolescents while self-esteem plays a mediating role among them.

Limitations and Future Recommendations

There are certain limitations of the present study which are important to be acknowledged. Data was collected only from one city of Lahore and to generalize the findings data from other cities of Pakistan is required to be added. In our study, we have only focused on adolescent age group and other age groups were not included in the present study and future research need to include children and young adults experiencing bullying. In the present study, bullying experienced at school settings was explored, future researchers need to include bullying in other settings. This was a cross sectional correlational study which does not allow inferences about

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causal relationship, therefore future research may explore relationship between bully-victimization and psychosocial implications conducting longitudinal studies.

Implications of the Findings

Bullying victimization has negative implications for psychosocial well-being of Pakistani adolescents as revealed by the findings of the present research. The findings revealed a mediating role of self-esteem between two types of bullying victimization (social and physical) and internalizing problems. Findings can be shared with students, parents, teachers, and school administration so that awareness is raised about bully victimization and its implications for psychosocial well-being of adolescents and preventive measures can be taken by parents, school administration and policy makers. Teachers and parents can play their role in boosting up self-esteem of adolescents which can buffer the effects of bullying on their social and mental health. Schools should focus on provision of bullying free environment in their campuses by training their teachers and monitoring students. Awareness lectures regarding bullying and its psychosocial impact on the victims can be arranged in schools. The findings also warrant the need for counselling services in educational institutions in order to curb such activities on campus and also to help victims cope with bullying. The study opens door for educationists and policy makers to plan school-based intervention strategies targeting to deal psychological problems, improving social skills, engaging students in positive and prosocial behaviors, peer counselling for the prevention of bullying and for victims.

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