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Influence of bullying victimization on depressive mood with self-compassion and resilience as mediators

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Abstract

Objectives: With the debilitating impacts of bullying victimization, attempts were made to identify protective factors for its impacts, particularly depression. The attempts were particularly essential in Thailand due to its high reports of victimization. Therefore, the present study proposed a path model to examine the mediating roles of self-compassion and resilience in the association between bullying victimization and depression among Thai adolescents.

Methods: Three hundred and seventy-one Thai junior high school students voluntarily participated in the study. They responded to the measures of bullying victimization, depression, self-compassion, and resilience. The data obtained were analyzed using path analyses.

Results: After modifications, the model fit was demonstrated. Goodness-of-fit indices were fulfilled (e.g., X^2=4.83, *df*=2, *p*=0.09). However, only self-compassion, not resilience, mediated the association between victimization and depression. Rather, resilience mediated the association that self-compassion had with depression.

Conclusions: These findings helped bridge gaps in identifying protective factors for the adverse impacts of bullying victimization and suggested therapeutic interventions that promoted self-compassion in those inflicted.

Keywords: self-compassion; resilience; bullying victimization; depressive mood; adolescent

Introduction

Adolescence was a crucial transitional period for young individual as they faced multiple challenges on their path to adulthood. A sense of safety was essential for their developmental tasks of identity formation [1, 2]. However, more than 764,600 adolescents aged 12–18 experienced bullying victimization [3]. Their safety became compromised by the victimization, a form of aggression in which one or more perpetrators constantly and intentionally harmed another individual over time [4, 5]. At least 21.1 % of adolescents had reported experiencing bullying victimization in academic institutions [6]. There, bullying victimization could occur in numerous forms, including physical and verbal assaults, indirect aggressions, and online harassment [7, 8].

Regardless of its forms, bullying victimization was associated with common adverse outcomes [5]. Such outcomes could negatively impact adolescents in multiple domains (e.g., poor physical well-being, low academic performance, compromised adjustments) [9–12]. Among the most debilitative consequences were psychological impacts. Particularly, bullying victimization had been shown to be positively associated with depression [13].

Given the pervasive adverse impact of depression [14–16], attempts had been made to reduce bullying victimization. These attempts addressed various factors relevant to the victimization. They were, for instance, perpetrators, bystanders, and victims of the bullying themselves. Of a particular interest was the last party, as empirical findings consistently indicated that individuals experiencing bullying victimization could become vulnerable to depression.

The vulnerability to depression in those inflicted by bullying victimization could be explained by Beck's Cognitive Triad of Depression [17]. Based on this model, exposures to bullying victimization could lead to self-doubts,

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diminished self-worth, unlovable core beliefs, and negative self-concepts [18]. Such experiences could also foster negative views of others (e.g., perpetrators) and the broader environments (e.g., bystanders who failed to extend support), ultimately giving rise to the sense of hopelessness and depression [19]. These detrimental impacts of bullying victimization on the individuals' self-perceptions, worldviews, and future orientations helped explaining the positive associations that bullying victimization had with depression [20, 21]. Critically, these effects could have been long-lasting and posed risks for depression in adulthood [22].

With the aforementioned impacts, therapeutic interventions aimed to support adolescents inflicted by the victimization had been proposed. Still, empirical evidence for these interventions remained limited (e.g., [23]). Additionally, the effectiveness of the interventions remained open for further enhancement [24, 25]. To enhance the effectiveness, identifying buffers that helped mitigate the association that bullying victimization had with depression, hence, should be highly beneficial.

The identification of mediations for bullying victimization and depression was particularly necessary in Thailand. The country was rated in the second place for the highest statistics for bullying victimization, with reports of 600,000 school children being victimized [26]. Based on a survey in 2020 by the Network of Legal Advocates for Children and Youth, 92 % of Thai students encountered bullying victimization perpetrated by their school peers. Also, 13 % of Thai students reported being clinically depressed due to the victimization [27]. These impacts were potentially the result of limited awareness of the significance of the victimization, the collectivistic emphasis on social relationships, and the respect of seniority instigated by teachers or those older than the victims themselves [28]. While attempts had been made to raise public awareness of the gravity of the victimization, the necessity of identifying psychological factors that provided the victims with personal resources to cope with the impact of the victimization became evident.

Based on the aforementioned Beck's Cognitive Triad of Depression [17], various psychological factors appeared promising in mediating the association between bullying victimization and depression. One such factor was self-compassion. Influenced by Buddhism, self-compassion reflected the way in which the individuals responded to their personal flaws and limitations. Self-compassion was shown to comprise of three components: 1) mindfulness or the mindful awareness of ones' flaws and limitations, 2) self-kindness or the tenderness with which the individuals treated themselves upon coming across these shortcomings, and 3) common humanity or the recognition that one's limitations were parts of human conditions and experienced by everyone [29].

Empirical findings had demonstrated that those with higher compassion coped better with adversities (e.g., [30, 31]). Self-kindness, in particular, was shown to be protective against self-coldness and self-criticism, which were positively associated with depression [29, 32]. Therefore, self-compassion also served as a protective factor for depression and anxiety [33–36]. These benefits appeared promising within the context of bullying victimization.

Empirical findings emerged and demonstrated the protective role of self-compassion against depression within the context of bullying victimization. For instance, Játiva and Cerezo [37] identified self-compassion as a protective factor against negative psychological experiences in individuals experiencing bullying victimization. In their longitudinal study of Chinese children, Yang et al. [38] reported the mediating role of self-compassion in the relationships between victimization and negative psychological experiences. Zhang et al. [39] explained the mediation in terms of the lower sense of humiliation brought about by the self-kindness and perception of shared humanity inherent in self-compassion. Therefore, self-compassion appeared promising empirically in mediating the relationships between bullying victimization and depression.

Additionally, in Thai society, self-compassion also held cultural relevance. Encompassing notions inherent in Buddhist principles such as mindfulness and loving kindness [29], the conceptual grounds of self-compassion appeared particularly relevant in Thailand, where 93.5 % of its population identified themselves as Buddhist [40]. Empirical evidence also demonstrated that, when compared with their American and Taiwanese counterparts, Thai undergraduates reported a higher orientation toward self-compassion [41]. The promotion of this psychological construct among Thai adolescents should be beneficial. This, together with the aforementioned empirical evidence, led self-compassion to be examined here as a mediator for the association between bullying victimization and depression in Thai adolescents.

In addition to self-compassion, resilience would be examined as well in the current study. This quality was selected due to past inconsistent findings regarding protective factors for the debilitating impacts of bullying victimization. These were, for example, emotion regulation [42], self-efficacy [43], self-esteem [38, 44], as well as friendship intimacy [38, 45] and social support [46]. Still, despite these promises, inconsistent findings remained (e.g., [23, 47]). A potential explanation was that the protective role offered by each factor might have been restricted by its scope. Considering a more encompassing factor that incorporated

these qualities together appeared more promising. One such factor was resilience, as this would be examined here.

Reflecting the abilities to return to the equilibrium, resilience served as a protective factor when the individuals encountered hardships [48]. The protection stemmed from three sources: 1) internal resources (e.g., self-esteem and self-efficacy), 2) awareness of external supports and resources (e.g., social supports), and 3) skills and capacities necessary for overcoming challenges (e.g., emotion regulation). Adolescents with more resilience had been shown to overcome challenges encountered and were less prone to mental health-related issues [49, 50]. Specifically, Sapouna and Wolke [51] suggested that internal resources such as self-esteem could be viewed as a protective factor against depression in those inflicted by bullying victimization. Additionally, the protection could be drawn from external supports and resources (i.e., social supports), which could have become these individuals' healthier coping strategies and reduced their utilization of the less adaptive ones, such as retaliation or aggression [51, 52]. With these protective functions, attempts were made to cultivate resilience in order to reduce the detrimental impacts of bullying victimization [53].

In relation to bullying victimization, McVie [52] reported that individuals with higher resilience reported lower psychological strains when encountering the victimization. In a longitudinal study of 4,300 Scottish cohort, resilience was constructed from external support and resources such as socioeconomic status, parental support, and lower parent-child conflict. When these resources increased, reduced negative outcomes (i.e., psychological distress and violence) from bullying victimization ensued. In other studies, resilience also mitigated the harmful effects of victimization and protected the inflicted individuals against depression [54, 55].

Despite these promises, relevant findings in Thailand remained lacking regarding the protective role of resilience. Additionally, an emerging finding in Thailand appeared inconsistent with prior Western findings [54, 55]. A recent report by Purintaworagul et al. [56] suggested that self-esteem, rather than resilience, mediated the association that bullying victimization had with depression. These inconsistent findings might be attributable to different assessment tools used (The Resilience Scale for Adolescents in the prior Western studies and the Connor–Davidson Resilience Scale in the recent Thai study). Still, further investigations remained necessary to clarify if the protective role of resilience was generalizable to Thai adolescents.

While empirical reports began to suggest factors that helped alleviate the detrimental effects of bullying victimization [53, 54, 57, 58], the mediating role of resilience, when examined alongside with self-compassion, was yet to be investigated in the relationship between victimization and depression. The current research, hence, aimed to fill this research gap. The investigation would be conducted in junior high school Thai adolescents, who were reported as particularly vulnerable to bullying victimization [59]. A path analysis model was proposed, shown in Figure 1, and would be tested empirically. The findings were expected to bridge gaps in the literature and provide practical implications for therapeutic interventions aimed at reducing the psychological impacts of bullying victimization and informing relevant personnel (e.g., school counselors, counseling psychologists) about how to support affected junior high school Thai adolescents in coping with bullying victimization.

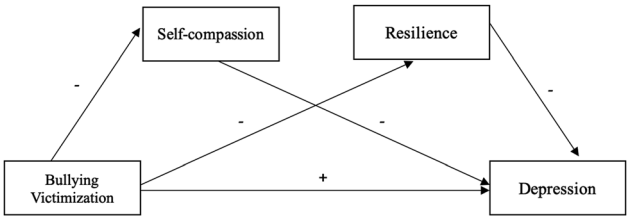

Figure 1: The hypothesized path model of the relationship between bullying victimization and depression with self-compassion and resilience as mediators.

Methods

Participant

Participants were 371 Thai adolescents enrolling in junior high schools in the Bangkok Metropolitan Area. The majority were attending Grade 7 (66.6 %) and were male (n=275, 74.1 %). Their mean age was 12.95 years (SD=0.89). In accordance with the exclusion criteria, none were diagnosed with mental disorders nor undergoing psychological interventions. Participation was voluntary and proceeded only after the signed informed consents were obtained from the participants' parents/guardians.

Research instruments

In addition to demographical questions, participants responded to a set of questionnaires measuring key study variables. These questionnaires were translated from English into Thai, with reviews and adjustments to ensure appropriateness for Thai junior high school students. A

panel of three experts evaluated these adjustments and confirmed satisfactory content validity, as indicated by the Item Objective Congruence (IOC). Prior to data collection, the measures were pilot-tested in those with characteristics akin to the current participants. Only after satisfactory psychometric properties of the measures were attained did the data collection commence.

Bullying victimization

The extent to which the participants experienced bullying victimization was assessed using the Thai version [60] of the Olweus Bully/Victim Questionnaire (OBVQ; [61]). Following a practice by Buttabote [62] and Puranachaikere et al. [63], the first 10 items of the questionnaire were used. An additional item proposed by Olweus [64] regarding cyberbullying was also included. Altogether, this led to a total of 11 OBVQ items administered (e.g., "*I was bullied with mean or hurtful messages, calls, or pictures, or in other way on my mobile phone or over the internet (computer)*"). Participants responded to the five-point Likert scale, ranging from 1 (i.e., "*It hasn't happened to me in the past couple of months*") to 5 (i.e., "*Several times a week*"). After scoring summation, the higher score indicated a higher frequency of bullying victimization experienced, and vice versa. In the current study, the Cronbach's alpha of the OBVQ was 0.81, indicating very satisfactory internal consistency.

Depression

The extent to which the participants experienced depression was assessed using the Thai translation [65] of the Children's Depression Inventory (CDI; [66]). The CDI consisted of 27 statements (e.g., "*I am sad all the time*"). Participants responded to the three-point Likert scale, ranging from 0 (*No Symptoms*) to 2 (*Definite Symptoms*). After scoring summation, a higher score indicated a higher depression experienced, and vice versa. In the current study, the Cronbach's alpha of the CDI was 0.87, indicating very satisfactory internal consistency.

Self-compassion

The extent to which the participants experienced self-compassion was assessed using the Thai translation [67] of the Self-compassion Scale-Short Form (SCS-SF; [68]). The SCS consisted of 12 statements measuring the three components of self-compassion, both positively- and negatively-worded. These were: 1) mindfulness (e.g., "*When something painful happens, I try to take a balanced view of the situation*" vs. "*When I fail at something important to me, I become consumed by feelings of inadequacy* (scoring reversal)"), 2) self-kindness (e.g., "*When I'm going through a very hard time, I give myself the caring and tenderness I need*" vs. "*I'm intolerant and impatient towards those aspects of my personality I don't like* (scoring reversal)"), and 3) common humanity (e.g., "*I try to see my failings as part of the human condition*" vs. "*When I fail at something important to me, I tend to feel alone in my failure* (scoring reversal)"). Participants responded to the five-point Likert scale, ranging from 1 (*Almost Never*) to 5 (*Almost Always*). After scoring reversals and summation, a higher score indicated a higher level of self-compassion and vice versa. In the current study, the Cronbach's alpha of the SCS-SF was 0.63, indicating marginally acceptable internal consistency.

Resilience

The extent to which the participants possessed attributes and characteristics of resilience was assessed using the Thai translation [69] of the State Resilience Scale (SRC; [70]). The SRC- Thai translation consisted of 14 statements (e.g., "*I have someone who loved me*"). Participants responded to the five-point Likert scale, ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). After the scoring reversals, a higher score indicated a higher level of resilience and vice versa. In the current study, the Cronbach's alpha of the SRC was 0.85, indicating very satisfactory internal consistency.

Procedure

Data collection proceeded only after an ethical approval had been acquired from the Institutional Ethical Review Board (i.e., No. 254/62). Contacts were made to junior high schools in the Bangkok Metropolitan Area to obtain permissions for data collection and disseminations of the study information to the students and their parents/guardians to obtain the informed consent. Upon obtaining the consent, data collection commenced. Participants filled out the study measures either in a paper-and-pencil or online format, for approximately 15–20 min.

Data analysis

Data obtained were analyzed using descriptive statistics and path analyses via Statistical Package for Social Science (SPSS) Version 22 and the SPSS Analysis Moment Structure (AMOS) Version 22.

Various goodness-of-fit indices were used to evaluate the hypothesized path model. These included Chi Square (χ^2),

Standardized Root Mean Square Residual (SRMR), Relative Chi-square Ratio (χ^2)/*df*), comparative fit index (CFI), p-value, degree of freedom (*df*), Tucker Lewis index (TLI), Standardized Root Mean Square Residual (SRMR), and Root Mean Square Error of Approximation (RMSEA) to assess the model fit. The goodness-of-fit criteria were over 0.95 for the CFI and TLI as well as below 0.80 for the SRMR and RMSEA [71, 72]. Finally, the mediating role of self-compassion and resilience on the relationship between bullying victimization and depression was tested.

Results

Preliminary analysis

Pearson's Product Moment Correlation was used to examine the associations between the main study variables (i.e., bullying victimization, depression, self-compassion, and resilience). Results indicated significant positive associations between bullying victimization and depression (r=0.28, p<0.01) as well as between self-compassion and resilience (r=0.47, p<0.01). In contrast, bullying victimization was significantly and negatively associated with self-compassion (r=−0.23, p<0.01). The negative associations were also found between depression and resilience (r=−0.46, p<0.01) and self-compassion (r=−0.61, p<0.01), respectively. Lastly, it was worth noting that the association that bullying victimization had with resilience was not statistically significant (r=−0.01, p=0.82). These outcomes, together with relevant descriptive statistics, were shown in Table 1.

As shown in Table 2, the hypothesized model did not provide an adequate fit to the data (e.g., χ^2=98.86, *df*=2, p=0.001). Consequently, the model was modified, in accordance with additional literature review, by: 1) eliminating the direct effect of bullying victimization on resilience and 2) adding the direct effect from self-compassion to resilience. As presented in Table 2, the modified model fit well with empirical data, χ^2=4.83, *df*=2, p=0.09, on all of the goodness-of-fit criteria specified [71, 72].

As displayed in Figure 2 and Table 3, bullying victimization had a direct effect on self-compassion (β=−0.23, p=0.012, S.E.=0.04). Self-compassion, in turn, had a direct effect on resilience (β=0.47, p=0.003, *S.E*=0.04) and depression (β=−0.45, p=0.005, S.E.=0.05). Resilience itself had a direct effect on depression (β=−0.25, p=0.021, S.E.=0.05). An indirect effect of self-compassion on depression via resilience was also significant (β=−0.12, p=0.015, S.E.=0.026).

Lastly, bullying victimization had a direct effect on depression (β=0.18, p=0.008, S.E.=0.04). An indirect effect of the victimization on depression via self-compassion was also significant (β=0.13, p=0.006, S.E.=0.02). This attested the mediating role of self-compassion in the relationship. Altogether, the study variables accounted for 44 % of the variance in depression.

Discussion

The current study aimed to bridge research gaps by identifying protective factors which helped mitigate the impact of bullying victimization on depression in Thai adolescents. Data were collected from 371 junior high school students, the adolescent group identified as particularly vulnerable to victimization [59]. After modification, the path model demonstrating associations of bullying victimization and depression with self-compassion as a mediator was empirically supported. Finding discussions and implications were as follows.

Table 1: Descriptive statistics of the study variables (n=371).

Variables	*M*	SD	Min	Max	Possible range	1	2	3	4
Bullying victimization	17.07	5.83	11	36	11–55	(0.80)			
Depression	14.76	7.59	1	36	0–54	0.28[a]	(0.87)		
Self-compassion	39.76	6.57	19	54	12–60	−0.23[a]	−0.61[a]	(0.63)	
Resilience	52.42	8.85	26	69	14–70	−0.01	−0.46[a]	0.47[a]	(0.85)

[a]p<0.01, Cronbach's alphas for relevant measures.

Table 2: Goodness-of-fit indices for the hypothesized & modified path model.

Models	χ^2	*df*	p-Value	χ^2/*df*	CFI	TLI	SRMR	RMSEA
Hypothesized	98.86	2	0.00	49.43	0.70	0.10	0.16	0.36
Modified	4.83	2	0.09	2.42	0.99	0.97	0.03	0.06

Threshold for the indices (χ^2=*ns*, CFI>0.95, TLI>0.95, SRMR<0.08, RMSEA<0.08).

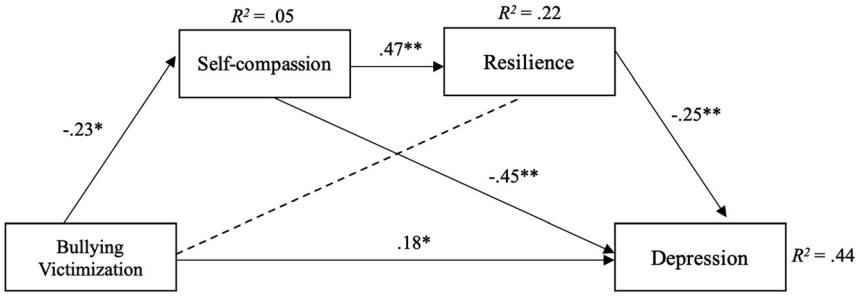

Figure 2: The modified path model of the association between bullying victimization and depression with self-compassion and resilience as mediators.

Table 3: Standardized direct, indirect, and total effects of study variables.

Path	Direct effect	Indirect effect	Total effect	R^2
To self-compassion from:				0.05
Bully victimization	−0.23[a]	–	−0.23[a]	
To resilience from:				0.22
Bully victimization	–	−0.11[b]	−0.11[b]	
Self-compassion	0.47[b]	–	. 47[b]	
To depression from:				0.44
Bully victimization	0.18[b]	0.13[b]	0.31[a]	
Resilience	−0.25[a]	–	−0.25[a]	
Self-compassion	−0.45[b]	−0.12[a]	−0.56[b]	

[a]p<0.05; [b]p<0.01.

Bullying victimization and depression

The current findings were consistent with past reports of positive associations between bullying victimization and depression [20, 73–77]. The association could be explained by Beck's Cognitive Triad of Depression [17]; which posited that depression resulted from the negative worldviews that the individuals had toward themselves, their environments, and their futures. Encountering bullying victimization, those affected might have attributed the victimization to their own personal shortcomings [78]. The attribution could have escalated into self-criticisms, leading to negative self-views, a key component of the Triad [18, 79]. The self-views could be generalized to their environments and their futures [19], the Triad remaining two components. Altogether, these could help explaining the associations between bullying victimization and depression.

In addition to the activation of the Cognitive Triad of Depression, the aforementioned positive association between bullying victimization and depression could be understood as well in terms of information processing. With bullying victimization, the individuals' attachment security could have been undermined; and their maladaptive schemata might have been triggered. Most notable were the negative schemata relevant to interpersonal relationships [73, 80]. When activated, these schemas could affect the individuals' subsequent information processing [18]. As an automatic process [17], those inflicted by the victimization were likely to experience increased negative biases and sensitivities toward threats in interpersonal relationships. Negative views toward social environments were likely to ensue and render the degree to which the individuals sought social support and utilized resources in their environments in managing their negative moods [73, 80]. With the compromised management, depression could ensue.

Bullying victimization and depression: the mediating role of self-compassion

The current finding demonstrated the mediating role of self-compassion in the relationship between bullying victimization and depression. The victimization was found to be negatively associated with self-compassion, which in turn was negatively associated with depression. With these, the association between bullying victimization and depression could be explained, at least partially, by self-compassion.

The above outcome was consistent with past findings, which reported the protective role of self-compassion against the adverse effects of bullying victimization on psychological experiences [37, 81–83]. Entailing three components of positive self-attitudes (i.e., mindfulness, self-kindness, and common humanity), self-compassion assisted those encountering victimization to be less judgmental but more accepting of their flaws and limitations [81]. With mindfulness, they were less likely to be subjected to self-criticisms [84] and subsequently fall into the aforementioned Cognitive Triad of Depression [17]. Additionally, mindfulness negatively predicted individuals' tendencies to generalize negative experiences to their environments and futures [29]. Similar benefits were noted from mindfulness in reducing cognitive bias activated by maladaptive schemata [73, 80] and ruminations [85, 86] due to the victimization.

The gentle treatment towards oneself upon encountering one's own flaws and limitations, or self-kindness, was

shown to be protective of negative self-views [29], a key component in the Cognitive Triad of Depression [17]. Specifically, the gentleness was likely to reduce their self-criticisms [81, 82, 87, 88]. With the reduction of negative self-views and self-criticisms, the individuals' vulnerabilities to depression were likely to be reduced.

Meanwhile, the recognition that they were not alone in coming across the negative incidents of bullying victimization, another key component of self-compassion, should help alleviate the sense of alienation in those encountering the victimization. In contrast, the recognition of common humanity was likely to positively predict their utilization of social support in dealing with those incidents. Enhanced views toward their environments and futures were likely to ensue. Hence, as shown in the current finding, with higher self-compassion, susceptibility to depression was likely to be lessened.

Bullying victimization and depression: the role of resilience

The current findings revealed that resilience was not directly associated with bullying victimization. Still, it had a significant role in mediating the relationship that self-compassion had with depression. Self-compassion was positively correlated with resilience, which in turn negatively correlated with depression.

The findings helped clarify inconsistent reports regarding the association between resilience and bullying victimization. While some identified associations between the two [89, 90], the present finding supported studies that reported no significant relationships between the two [51, 91].

Nevertheless, the negative association that resilience had with depression remained important in those encountering bullying victimization. Akin to past studies [92], resilience, or the capacity to return to equilibrium after facing hardships [93], was positively associated with self-compassion [94, 95]. The association could be understood through the three components of self-compassion. Mindfulness could be beneficial in the individuals' accurate perception of their own limitations, not ignoring or becoming overwhelmed by them. These more balanced views were likely to predict the participants' effective management of these limitations and the maintenance of their equilibria [96]. This benefit was shown in past studies [97, 98], where mindfulness-based self-compassion interventions were shown to successfully promote resilience and overall well-being. The enhancement was discussed in terms of the more balanced worldviews and accurate attitudes towards their challenging circumstances.

Other than mindfulness, the other components of self-compassion could positively predict resilience. Self-kindness with a less judgmental attitude toward oneself was found to be positively associated with resilience [99, 100]. With higher self-kindness and lower self-criticisms, the participants were likely to maintain positive self-views as well as their senses of efficacy and control over their limitations. These, in turn, should have helped enhance optimism, which was positively associated with resilience [101].

Lastly, common humanity, or the individuals' recognitions that flaws and limitations were not unique to themselves but shared by others, could also predict the individuals' resilience as well by promoting a sense of connection and reducing the feelings of alienation [29, 102]. These connections were associated with the individuals' fewer hesitations to seek social support [51, 103, 104]. These, in turn, were essential in resilience enhancement [105].

With the more optimistic worldviews, the maintenance of self-views, and the security of social support, as previously mentioned, resilience was found to be negatively correlated with depression. These results attested to past findings [51, 52]. Therefore, while resilience did not directly mediate the relationship between bullying victimization and depression, it played an important role in mediating the association that self-compassion had with depression.

Implications

The benefits of self-compassion in mediating the connection between depressive mood and bullying victimization were evident in the current findings. Cultivating this psychological construct in adolescents experiencing bullying victimization or as a preventative measure would be highly beneficial. Practitioners (e.g., school or counseling psychologists) could assess and examine if clients presenting with relevant concerns would benefit from self-compassion enhancement. Doing so was promising, giving increasing availability of evidence-based self-compassion enhancement programs aimed at improving mental health and well-being. Of particular relevance were the programs proposed by Bluth and Eisenlohr-Moul [97]; designed specifically for adolescents. Noted also was Hasselberg and Rönnlund's online self-compassion intervention program [106] delivered via a mobile application, a medium highly frequented by adolescents.

Limitations

Despite its promised benefits, the current study entailed limitations. Firstly, the high proportion of males in the

sample (i.e., 74.1 %) might have restricted the generalizability of the results. Gender had been shown to affect the relationship between bullying victimization and depression, with the victimization being more impactful among male individuals than their female counterparts [75]. Similarly, consideration should be taken in viewing the finding outcomes due to the compromised reliability of the self-compassion measure, which fell into the marginally acceptable level. This could have resulted from the use of the short form of the self-compassion measure in order to reduce participants' burdens. Still, it was impossible to rule out its impact on the reliability of the data obtained and the overall findings. Lastly, the current study was conducted using a cross-sectional design and correlational analyses. Causal assumptions could not be implied. Bidirectionality and common method variances should be considered in viewing the outcomes reported.

Future directions

Future studies would benefit from the examination of the path model in participants with a more balanced gender distribution. Finding generalizability will be enhanced. Additionally, despite the benefits of the short-form self-compassion scale in reducing participants' burdens, considering the use of the full-form scale (e.g., the Self-Compassion Scale for Youth [107]) could be beneficial in securing higher psychometric properties. Furthermore, additional research designs could be employed to advance understanding from the current investigation. These are, for example, an experimental research design, which could imply causal inferences, and a longitudinal research design, which could clarify the temporal mechanisms by which self-compassion and resilience mediate the relationships between bullying victimization and depression. Lastly, while the findings helped clarify the role of self-compassion, the exact functions of its three key components (i.e., mindfulness, kindness, and common humanity) were yet to be clarified. In-depth investigations of the unique function of each component would be highly beneficial therapeutically, particularly in the prioritization of the promotion of each component in therapeutic support for those inflicted by bullying victimization.

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Research ethics: The research related to human use has complied with all relevant national regulations, institutional policies, and in accordance with the tenets of the Helsinki Declaration and has been approved by the authors' Institutional Ethical Review Board (i.e., No. 254/62).

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Data availability: Not applicable.

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