Child Abuse & Neglect 125 (2022) 105492

Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Resilience in the face of peer victimization and perceived discrimination: The role of individual and familial factors

Daniela Fonseca de Freitas [a,b,*], Marina Mendonça [c], Dieter Wolke [d], Edna Maria Marturano [e], Anne Marie Fontaine [f], Susana Coimbra [f]

[a] Institute of Psychiatry, Psychology and Neuroscience, King's College London & Department of Psychiatry, University of Oxford, United Kingdom
[b] Center for Psychology at the University of Porto, University of Porto, Portugal
[c] Department of Neuroscience, Psychology and Behaviour, University of Leicester, United Kingdom & Faculty of Science, Engineering and Medicine, University of Warwick, United Kingdom
[d] Faculty of Science, Engineering and Medicine, University of Warwick, United Kingdom
[e] Ribeirão Preto Medical School, University of São Paulo, Brazil
[f] Faculty of Psychology and Education Science, University of Porto, Portugal

ARTICLE INFO

Keywords:
Bullying
Unfair treatment
Resiliency
Coping
Family relationships

ABSTRACT

Background: Peer victimization and discrimination are two related forms of social victimization. However, the majority of studies only focus on one form or the other. This study investigates resilience in victims of both these forms of violence.
Objective: To identify individual and family level factors that foster, or hinder, resilience in the face of both peer victimization and perceived discrimination.
Participants: In a sample of 2975 high-school students, 22% (n = 644) met the criteria for substantial social victimization. The sample's mean age was 16.5 years, 57% were girls, 19% were in vocational courses, 12% were from an ethnic minority background, and 5% were lesbian, gay, or bisexual.
Method: A measure of resilience was created by regressing the mean levels of current mental health, self-esteem, and life satisfaction on the frequency of lifetime peer victimization and past year perceived discrimination. Regression analyses were conducted to identify correlates of resilience considering protective and vulnerability factors, including sociodemographic information, anxious personality, empathy, coping strategies, familial optimism, and the relationship with their mother and father.
Results: Resilience was associated with low anxious personality, four coping strategies (active, use of humor, low self-blame, low substance use), and satisfaction with the relationship with the mother.
Conclusions: Resilience is related to both behavioral and meaning-making coping strategies, personality traits, and satisfaction in relationships. This study's findings can be used to tailor interventions to foster resilience in adolescents exposed to social victimization.

* Corresponding author at: National Institute of Health Research (NIHR) Maudsley Biomedical Research Centre (BRC) Nucleus, PO Box 92, 16 De Crespigny Park, Denmark Hill, London SE5 8AF, United Kingdom.
E-mail addresses: daniela.fonseca_de_freitas@kcl.ac.uk (D.F. Freitas), mgm17@leicester.ac.uk (M. Mendonça), d.wolke@warwick.ac.uk (D. Wolke), emmartur@fmrp.usp.br (E.M. Marturano), fontaine@fpce.up.pt (A.M. Fontaine), susana@fpce.up.pt (S. Coimbra).

https://doi.org/10.1016/j.chiabu.2022.105492
Received 19 February 2021; Received in revised form 14 December 2021; Accepted 11 January 2022
Available online 19 January 2022

1. Introduction

Peer victimization and perceived discrimination are both forms of social violence and exclusion with a long-term impact on its victims' mental and physical health (Freitas et al., 2018; Schmitt, Branscombe, Postmes, & Garcia, 2014; Wolke & Lereya, 2015). Only during the past decade has there been a greater study of how these two forms of interpersonal violence are related. Studies on resilience have focused on identifying individual, familiar, or community-level factors that can buffer the negative impact of bullying in students or discrimination among stigmatized populations (Freitas, Coimbra, & Fontaine, 2017; Schmitt et al., 2014; Ttofi, Bowes, Farrington, & Lösel, 2014). In contrast, we are not aware of studies investigating protective factors that could buffer the negative impact of both forms of interpersonal violence. In this study, we investigate whether common factors associated with positive adjustment (non-anxious personally, empathy, coping strategies, familial optimism, and the quality of family relationships) are associated with resilience to both peer victimization and perceived discrimination.

1.1. Social victimization and its negative impact

Social victimization is used here to refer to the experience of both peer victimization and acts of daily discrimination. Peer victimization has been described as a form of abuse by which a children or adolescents are the frequent target of aggression by their peers (Kochenderfer & Ladd, 1996). Discrimination can be defined as being the target of differential and negative (i.e., worse) treatment due to inclusion in social groups that are affected by prejudice and negative stereotypes (Dovidio, Major, & Crocker, 2000). Both peer victimization and discrimination are forms of social exclusion that threaten our need to belong (Smart Richman & Leary, 2009) and seem to have a similar impact on mental and physical health. Peer victimization or bullying is associated with an increase in internalizing (e.g. depression, anxiety, self-harm, suicide ideation, and feelings of isolation and loneliness), externalized behaviors (e.g., aggression, school truancy, drug use), well-being (low self-esteem and decreased life satisfaction) and also with changes of the physiological response to stress and increased bodily inflammation (Arseneault, 2018; Copeland et al., 2014; McDougall & Vaillancourt, 2015; Moore et al., 2017; Ouellet-Morin et al., 2011; Reijntjes et al., 2011; Reijntjes, Kamphuis, Prinzie, & Telch, 2010; Takizawa, Maughan, & Arseneault, 2014; van Geel, Goemans, Zwaanswijk, Gini, & Vedder, 2018; Wolke & Lereya, 2015). Similar health outcomes are also observed in cases of discrimination faced by populations that are the target of prejudice, such as ethnic and sexual minorities, namely worse mental health (e.g., depression), physical health (e.g., blood pressure), health behaviors (e.g., substance use), other measures of well-being (e.g., self-esteem, and life satisfaction) and disruption of cortisol release patterns (Berger & Sarnyai, 2015; Pascoe & Richman, 2009; Schmitt et al., 2014).

Studies also suggest a relationship between peer victimization and discrimination. For instance, peer aggression has been associated with the endorsement of social prejudices, namely sexism, racism, religious intolerance and homophobia (Carrera-Fernández, Lameiras-Fernández, Rodríguez-Castro, & Vallejo-Medina, 2013; Goodboy, Martin, & Rittenour, 2016). In one study, African American and Latino students' self-reported level of racial discrimination was associated with their European American counterparts' reports of them having been victims of overt and relational peer victimization (Seaton, Neblett, Cole, & Prinstein, 2013). Moreover, there is evidence that gay, lesbian, bisexual, transgender, intersex or queer (LGBTIQ) youth, people with disabilities, and overweight students are more likely to be victims of peer victimization, (Bucchianeri, Gower, McMorris, & Eisenberg, 2016; Freitas et al., 2017; Menesini & Salmivalli, 2017; Mitchell et al., 2020). This suggests that peer victimization, social stigma, and discrimination are related. Contemporary theories of peer victimization are therefore emphasizing the cultural nature of bullying (Elamé, 2013). The associations between discriminatory bullying and depressive symptoms, substance use, self-harm, and school outcomes seem to be even stronger than the associations observed for non-discriminatory bullying (Bucchianeri, Eisenberg, Wall, Piran, & Neumark-Sztainer, 2014; Hunter, Durkin, Heim, Howe, & Bergin, 2010; Mitchell et al., 2020; Russell, Sinclair, Poteat, & Koenig, 2012).

1.2. Resilience, protective and vulnerability factors

Resilience has been broadly defined as a positive adjustment in the face of significant adversity, and studies have focused on identifying factors that can promote a positive adjustment after its exposure or that buffer its negative impact (Fergus & Zimmerman, 2005; Luthar, Cicchetti, & Becker, 2000; Masten & Tellegen, 2012; Rutter, 2013; Ungar, 2019). These are called protective factors. There are also factors which combined with adversity can increase the chances of a poorer adjustment; they are known as vulnerability factors (Luthar et al., 2000). Most studies investigated factors that help people bounce back in the face of peer victimization or perceived discrimination have focused on individual skills (e.g., coping, academic performance), relationships (e.g., social support and family relationships) and community-related factors (e.g., school characteristics, positive neighborhood features) (Freitas et al., 2018; Freitas, Coimbra, & Fontaine, 2017; Schmitt et al., 2014; Ttofi et al., 2014).

In what concerns individual-level factors, it has been observed that the use of active coping (actions that aim to reduce the stressor or its consequences involving problem-focused planning) is related to fewer depressive symptoms in victims of bullying (Hemphill, Tollit, & Herrenkohl, 2014; Yin et al., 2017). Among discriminated populations, it has also been observed that active coping strategies are related to better adjustment, while avoidance or emotion-focused coping can exacerbate the impact of discrimination, although literature shows mixed evidence regarding these effects (Pascoe & Richman, 2009; Schmitt et al., 2014). Other individual skills that reveal a protective effect in situations of peer victimization include good academic performance (Hemphill et al., 2014; Vassallo, Edwards, Renda, & Olsson, 2014) and high intrapersonal emotional competence, defined as the ability to identify and regulate own emotions (Urano, Takizawa, Ohka, Yamasaki, & Shimoyama, 2020). The personality types have also been investigated but revealed no protective effect in the face of peer victimization (Overbeek, Zeevalkink, Vermulst, & Scholte, 2010). At the relational level, in one

study, high social skills were observed to be more prevalent in non-depressed victims of bullying (Vassallo et al., 2014). However, in another study (Urano et al., 2020), interpersonal emotional competence (defined as the ability to identify and deal with other people's emotions), interacted with victimization to increase psychological distress. Thus, in those who had greater interpersonal emotional competence the impact of victimization in psychological distress was higher; interpersonal emotional competence acted as a vulnerability factor (Urano et al., 2020).

Many studies have focused on the protective role of relationships, including support and quality of relationships with peers, teachers and family members. There are mixed-evidence regarding potential protection. In a couple of studies, peer and family support have been shown to buffer the negative impact of peer victimization (Klomek et al., 2016), and non-family support has also been observed to protect from the negative effects of homophobic bullying (António & Moleiro, 2015). However, a study showed the number of close friends did not predict emotional resilience in the face of bullying, and it was negatively related to behavioral resilience (Sapouna & Wolke, 2013). Having a good relationship with teachers does not seem to protect victims of bullying from developing internalizing problems (Averdijk, Eisner, & Ribeaud, 2014; Gloppen, McMorris, Gower, & Eisenberg, 2018; Vassallo et al., 2014). In samples of LGBTIQ youth mixed findings have been observed. Teachers' support was observed to buffer the impact of prejudice and victimization in physical heath and academic performance, but not its impact in mental health (Poteat, Watson, & Fish, 2021; Woodford, Kulick, & Atteberry, 2015). Concerning family relationships, maternal warm and a positive family environment were associated with emotional resilience to bullying in one study (Bowes, Maughan, Caspi, Moffitt, & Arseneault, 2010), and family cohesion buffered the impact of discrimination among Chinese Americans (Juang & Alvarez, 2010). However, there have been mixed findings on the protective effects of support from family and friends in the face of social victimization, as many studies report no buffering effects (António & Moleiro, 2015; Averdijk et al., 2014; Burke, Sticca, & Perren, 2017; Hemphill et al., 2014; Ttofi et al., 2014; van Harmelen et al., 2016; Vassallo et al., 2014). Mixed findings have been observed regarding the effect of conflict with parents, in some studies, the level of global conflict in the family and parent-child conflict had no relation to later mental health (Hemphill et al., 2014; McVie, 2014). However, in other studies, conflicts with parents have been found to negatively predict resilience in the face of bullying in (Sapouna & Wolke, 2013) and increase the negative impact of perceived discrimination in mental health in ethnic and sexual minorities (Freitas, D'Augelli, Coimbra, & Fontaine, 2016; Juang & Alvarez, 2010).

The impact of some community-related factors on the well-being, as protective or promotive factors, of victimized youth has also been investigated. Among victims of bullying studies have investigated participation in school activities, school safety, and neighborhood characteristics. Studies focused on the well-being of ethnic and sexual minority students have also addressed in-group filiation and pride. In what concerns ethnic identity, although a positive ethnic identity seems to promote well-being, there is no strong evidence to suggest it can buffer the negative impact of victimization (Cassidy, O'Connor, Howe, & Warden, 2004; Hunter et al., 2010; Schmitt et al., 2014; Seaton, Neblett, Upton, Hammond, & Sellers, 2011). Regarding factors at the school level, one study investigated opportunities for prosocial involvement at school among victimized children and results showed this conferred no protection from depression (Hemphill et al., 2014). Perceptions of feeling safe at school have been associated with reduced odds of internalizing symptoms and suicidal attempts in ethnic minority victims of bullying (Gloppen et al., 2018). Evidence suggests that attending schools with a Gay-Straight Alliances (GSA), inclusive student-led clubs focused on promoting a safe environment for LGBTIQ students, may promote school belongingness and the well-being of LGBTIQ youth and reduce homophobic violence. However, the presence or participation in a GSA does not seem to buffer the negative impact of victimization (Ioverno, Belser, Baiocco, Grossman, & Russell, 2016; Poteat, Sinclair, Digiovanni, Koenig, & Russell, 2013; Toomey & Russell, 2013). Perception of neighborhood quality has been observed to buffer the impact of discrimination on levels of psychological distress (Tran, 2015) and neighborhood economic deprivation was associated with higher risks of psychological distress in victims of bullying (McVie, 2014). However, neighborhood organization, population stability, and level of crime have not been related to the onset of internalizing symptoms (Hemphill et al., 2014; McVie, 2014). At a political level, there is evidence that egalitarian legislation concerning to the rights of people in stigmatized groups has an important effect. The introduction of bans on same-sex couple marriage (with the Defense of Marriage Act; DOMA), was associated with increased psychiatric disorders in LGB adults (Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010). Also, children of lesbian and gay parents experienced less victimization in countries with egalitarian legislation than children living in countries without equal rights for families led by LGB people (Bos, Gartrell, van Balen, Peyser, & Sandfort, 2008). Furthermore, a meta-analysis indicated that the magnitude of the associations between the perception of discrimination among minoritized ethnic groups and depression and self-esteem is of lower magnitude in countries with multicultural policies than the observed associations in countries without such policies (countries that value cultural assimilation) (Freitas et al., 2018).

In the study of resilience, a common method to investigate buffering effects is using moderation analyses (interaction between the risk and protective factors) (Ttofi et al., 2014). However, a limitation of testing the interaction (the moderating) effect of one factor at a time is that we are not adjusting for other possible protective or vulnerability factors (e.g., Hemphill et al., 2014; Hunter et al., 2010; Tran, 2015; Vassallo et al., 2014). A couple of studies have addressed this limitation by creating a variable of resilience adjusted to the level of adversity and then conducting regression analyses to test the effect of several protective factors simultaneously (Bowes et al., 2010; Sapouna & Wolke, 2013). Using this approach, the present study investigates factors associated with resilience in the face of both peer victimization and perceived discrimination in youth.

1.3. This study

1.3.1. Context

The Portuguese legal framework states that all people, and students, respectively, must be treated with respect and protected from discrimination based on several personal attributes, such as gender, gender identity, ethnicity, religion, sexual orientation, or

economic condition. School staff is responsible for identifying and preventing any problematic situations, including events of violence. Data shows that between 9%–31% of Portuguese children have been victims of bullying (Carvalhosa, Moleiro, & Sales, 2009). There is some evidence that non-Portuguese and Black students are more victimized than Portuguese and White students (Elamé, 2013; Freitas, Coimbra, Marturano, & Fontaine, 2015). Studies also show bullying against sexual minorities is common (António & Moleiro, 2015) and LGB students perceive to be treated worse, and unfairly, more frequently than heterosexual students (Freitas et al., 2015). At the time of data collection, there was no tradition of countrywide initiatives of raising awareness and celebrating the contribution of different ethnic groups in Portuguese society (such as Black history month). Also, student-led organizations groups focused on the well-being of sexual minority groups (such as Gay-Straight Alliances) were also not common in Portugal.

1.3.2. Aims

This study aims to investigate if resilience is related to potential protective and vulnerability factors at the individual and familiar level. Psychological resilience was derived from levels of mental health, self-esteem, and life's satisfaction considering the frequency of experiences of social victimization. Based on the mentioned literature, the protective factors comprise empathy levels, use of adaptive coping skills (such as active coping or positive reframing), familial optimism, and having positive relations with parents. The vulnerability factors comprise having an anxious personality, the use of maladaptive coping strategies (such as self-blame), and having conflicting relationships with parents.

2. Method

2.1. Procedure and participants

The study sample comprises adolescents who experienced substantial social victimization and were studying in public high schools across five cities in the two biggest urban regions of Portugal, Lisbon and Oporto, in 2013/2014. Approvals were sought from the Ethics Committee of the Faculty of Psychology and Education Sciences of the University of Porto, by the National Data Protection Commission (protocol 355/2013) and by the Ministry of Education (process 0352400001). Schools in the metropolitan regions of Lisbon and Oporto were randomly selected and school directors were contacted to enable data collection. Two-thirds of the schools contacted agreed to collaborate ($n = 24$). The first author administrated the survey during classes for 10th, 11th and 12th years of education. The classes' selection was made by teachers considering the social diversity of students and the type of course they were attending. Parental and students' consent was sought before the administration of the survey. They were given an information sheet covering the study's main goal – to understand how teenagers deal with negative social experiences. Confidentially was granted for students who chose to leave a contact (e.g., e-mail) for potential participation in a follow-up study. The participation rate was 94.7%. The average time for completing the survey was 35 min.

A total of 2975 high school students participated in the study (with 56 surveys being excluded during data cleaning). This sample's

Table 1
Samples' descriptive information.

	Total sample ($N = 2975$)	*Victimized sample* ($n = 644$)
Gender		
Female	1594 (54.0%)	365 (57.1%)
Male	1360 (45.7%)	274 (42.9%)
Age [M (SD)]	16.59 (1.27)	16.52 (1.24)
Type of course		
Scientific	2380 (81.0%)	514 (80.7%)
Vocational	557 (19.0%)	123 (19.3%)
Parental level of education		
Elementary	912 (31.4%)	211 (33.4%)
Secondary	1101 (37.9%)	240 (38.0%)
University degree	893 (30.7%)	181 (28.6%)
Nationally		
Portuguese	2680 (91.7%)	576 (91.0%)
Non-Portuguese	243 (8.3%)	57 (9.0%)
Ethnicity		
White/Caucasian	2547 (88.9%)	549 (87.7%)
Black	245 (8.6%)	57 (9.1%)
Mixed White and Black	44 (1.5%)	13 (2.1%)
Other	29 (1.0%)	7 (1.1%)
Religion		
Catholic	1863 (81.9%)	393 (77.7%)
Other Christian religion	92 (4.0%)	26 (5.1%)
Other religions	28 (1.2%)	8 (15.6%)
Atheist or agnostic	291 (12.8%)	79 (15.6%)
Sexual orientation		
Heterosexual	2820 (97.1%)	597 (94.8%)
Lesbian, gay or bisexual	84 (2.9%)	33 (5.2%)

mean age was 16.6 years (SD = 1.28), and 54% were girls (n = 1594). A detailed description of the sample sociodemographic information is presented in Table 1. To investigate factors that could promote resilience, only the subsample of substantially victimized students was included in this study. The criteria to assess substantial social victimization was: (1) participants who had experienced social victimization with a frequency higher than the total sample's mean (z-scores >0) on both (a) peer victimization and (b) perceived discrimination; (2) in the scale of peer victimization, participants stated the age when victimization was more frequent, (3) in the perceived discrimination scale, participants stated a potential perceived reason (the instruments to assess peer victimization and perceived discrimination are described in the Measures section). The reply to these additional questions ensured that participants recognized that they had been victims of peer victimization, which probably activated their coping skills. Of the total 2975 students, 644 (22%) met the inclusion criteria for substantial victimization. On this socially victimized subsample, 57.1% (n = 365) are girls and the mean age was 16.5 years (SD = 1.24). Further information is presented on Table 1.

2.2. Measures

2.2.1. Social victimization

In the appraisal of social victimization, we considered, separately, perceived discrimination experiences in the previous year, and lifetime peer victimization. *Perceived discrimination* was assessed by the Everyday Discrimination Scale adapted to this study (Freitas et al., 2015; Williams, Yan, Jackson, & Anderson, 1997). The adapted scale is composed of two factors, Unfair Treatment (e.g., "You are threatened or harassed") and Personal Rejection (e.g., "People act as if they think you are dishonest"), with 4 items each. Items were rated on a six-point scale ranging from 0 (*never*) to 5 (*almost always*). Participants who stated that negative behaviors occurred more than a few times within the previous year, would reply to the scale extra question: 'What do you think is the main reason for these experiences?'. Gender/sex, ethnicity/race, weight, sexual orientation, economic/education level, and other reasons were possible answers (Freitas et al., 2015). The scale presents satisfactory indices of reliability; see Table 2 for results of the Confirmatory Factor Analyses (CFA), and Cronbach's alpha.

The Portuguese adaptation of the *Peer-Victimization Scale* (Mynard & Joseph, 2000; Veiga, 2011) was used to assess lifetime experiences of violent acts at the hand of peers. The scale focuses on four types of violent behavior: Physical (3 items; e.g., "Punched me"), Verbal (4 items; e.g., "Made fun of me"), Social (4 items; e.g., "Tried to make my friends turn against me"), and Attacks of property (4 items; e.g., "Stole something from me"). Items were rated on a five-point scale ranging from 1 (*never*) to 5 (*often*). After completing the scale, the participants who reported being frequent victims of peer victimization acts were invited to state their age when the aggressions had been more frequent (Freitas et al., 2015). We assessed lifetime experiences of peer victimization (instead of the recent past months) because the impact of bullying victimization is known to be long-term and potentially more severe when victimization occurs in childhood than in adolescence (Moore et al., 2017). Given the aim of investigating resilience in the face of social violence, we considered being important to assess experiences of peer victimization across the entire school period.

2.2.2. Resilience to social victimization

A measure of resilience was developed based on the evaluation of the psychological adjustment that comprised three psychological dimensions: mental health, self-esteem, and satisfaction with life. For mental health, we used the Portuguese adaptation of the *Mental Health Inventory-5* (Rand Health Insurance Experiment *in* Ribeiro, 2001), measuring well-being and the absence of psychological distress. The five items (e.g., "How much of the time, during the past month, have you been a very nervous person?", reverse coded) were rated on a scale ranging from 1 (*never*) to 5 (*almost always*). *Self-esteem* was assessed by eight items (two items were dropped on the CFA) of the *Rosenberg Self-esteem Scale* (Azevedo & Faria, 2004; Rosenberg, 1965). The scale items (e.g., "I am able to do things as well as most other people") were rated on a five-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The Portuguese adaptation of the *Satisfaction with Life Scale* (Diener, Emmons, Larsen, & Griffin, 1985; Neto, 1999) was used. The 5 items of the scale (e.

Table 2
Instruments' goodness of fit indices observed in the Confirmatory Factor Analyses and Cronbach's alpha measure of internal consistency.

Instrument		χ^2/df	CFI	RMSEA	p_{rmsea}	SRMR	|λ|>	AVE >	CR >	*Cronbach's α* >
Social victimization	Perceived discrimination	3.424	0.980	0.049	0.519	0.0317	0.463	0.325	0.654	0.723
	Peer victimization	5.931	0.973	0.054	0.120	0.0337	0.484	0.470	0.789	0.784
Psychological adjustment indices	Mental Health	3.908	0.999	0.031	0.936	0.0074	0.543	0.491	0.823	0.832
	Life satisfaction	1.188	1.000	0.008	1.000	0.0071	0.439	0.361	0.734	0.737
	Self-esteem	3.597	0.995	0.030	1.000	0.0129	0.481	0.385	0.829	0.841
Psychological adjustment - second order factor		6.822	0.963	0.045	0.999	$\lambda_{\text{Mental health}} = 0.451$, $\lambda_{\text{Self-esteem}} = 0.713$, $\lambda_{\text{Life satisfaction}} = 0.534$				0.781
Individual protective and vulnerability factors	Anxious personality	3.702	0.990	0.030	0.999	0.0167	0.472	0.248	0.697	0.706
	Empathy	3.655	0.983	0.030	1.000	0.0210	0.454	0.265	0.641	0.635
	Coping strategies	3.246	0.963	0.039	1.000	0.0336	0.617	0.485	0.677	0.642
Familial protective and vulnerability factors	Familial optimism	2.512	0.998	0.023	0.996	0.0102	0.430	0.364	0.736	0.759
	Mother - qualities of relationship	4.899	0.992	0.037	1.000	0.0238	0.654	0.551	0.782	0.827
	Father - qualities of relationship	4.204	0.993	0.033	1.000	0.0180	0.655	0.587	0.808	0.853

g., "In most ways my life is close to my ideals") were rated on a Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). On the confirmatory factor analysis, the second-order factor model integrating the three dimensions of the psychological adjustment revealed an acceptable fit to the sample (Table 2). The composite measures had a good internal consistency and the average mean of the scales of mental health, satisfaction with life and self-esteem was computed.

2.2.3. Protective and vulnerability factors

Anxious personality, a potential vulnerability factor, was assessed through the Portuguese adaptation of the Anxiety subscale of NEO Personality Inventory Revised (Costa & McCrae, 1992; Lima & Simões, 2000). The seven items of the scale (e.g., "I often worry about things that might go wrong") were rated on a Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

For assessing empathy levels, we used the Portuguese adaptation of the Interpersonal Reactivity Index (Davis, 1983; Limpo, Alves, & Castro, 2010). Two subscales were used: Perspective Taking (e.g., "Generally, when I'm upset at someone, I usually try to 'put myself in his shoes' for a while") and Empathic Concern (e.g., "When I see someone being taken advantage of, I feel kind of protective towards them"). The 10 items (five in each subscale) were rated on a Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

Coping strategies were measured using the Portuguese adaptation of the Brief COPE scale (Carver, 1997; Ribeiro & Rodrigues, 2004). The items were rated on a Likert scale ranging from 1 (*never/rarely*) to 5 (*always*). The analysis of its structure revealed an organization of 24 items in 10 factors: active coping, use of support, positive reframing, venting, humor, religion, behavioral disengagement, denial, self-blame, and substance use.

The quality of the relations with parents was investigated using the Portuguese adaptation of *Network of Relationships Inventory* (Coimbra & Mendonça, 2013; Furman & Buhrmester, 1985; Mendonça & Fontaine, 2013). Four subscales of the instrument were selected: Satisfaction (e.g., "I'm happy with the way things are between him/her and me"), Intimacy (e.g., "I talk to him/her about things that you don't want others to know"), Admiration (e.g., "Likes or approves of the things I do"), and Conflict (e.g., "We argue"). Participants were invited to rate each of the 12 items (four of each subscale) considering relationships they have with their mother and their father. The items were rated on a scale ranging from 1 (*never/rarely*) to 5 (*always*). In the absence of a close relationship with the biological mother or father, participants could consider their relationship with other adult carers.

To assess positive beliefs in the family system, the Portuguese adaptation of the *Life Orientation Test-Revised* was used (Laranjeira, 2008; Scheier & Carver, 1985). Items were modified by replacing the pronoun "I" to "in my family"; for example, "Overall, *in my family, we* expect more good than bad things to happen". Five items were rated on a Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

2.3. Data analysis

Preliminary analyses of the associations between social victimization and psychological adjustment measures were calculated via pairwise Pearson correlations. To assess resilience, the first step was to develop a specific measure of resilience in the face of peer victimization and discrimination. We followed the approach used by Bowes et al. (2010) and Sapouna and Wolke (2013), according to which the adjustment measure score was regressed on the level of exposure to the risk, and the residuals from this regression model were used as a metric of resilience (or lack of thereof). In the present study, the measure of resilience was developed by regressing the scores of the variable of psychological adjustment (comprising the mean individual level of mental health, self-esteem, and life's satisfaction) on the levels of the subscales of perceived discrimination and peer victimization. The residual scores of this regression were used as an index of resilience. Higher (positive) values indicated an adaptation better than expected, considering the frequency of acts of peer victimization and perceived discrimination suffered; lower (negative values) indicating an adaptation worse than expected.

The second step was to investigate which of the protective and vulnerability factors considered for the study are related to this measure of resilience. Linear regression analyses were conducted; simple regression models were used to investigate each factor's

Table 3
Relationships between social victimization, psychological indices of adjustment and resilience

	1.	2.	3.	4.	5.	6.	7.	8.	9.	Mean	(SD)
1. Resilience										0.00	(0.59)
2. Mental heath	0.74***									3.04	(0.85)
3. Life satisfaction	0.77***	0.48***								2.85	(0.76)
4. Self-esteem	0.76***	0.54***	0.53***							3.13	(0.75)
5. Unfair treatment	0.00	−0.27***	−0.20***	−0.15***						1.83	(0.92)
6. Personal rejection	0.00	−0.30***	−0.22***	−0.31***	0.38***					2.05	(0.95)
7. Physical violence	0.00	−0.03	−0.07	−0.05	0.27***	0.09*				1.76	(0.84)
8. Social violence	0.00	−0.25***	−0.13**	−0.18***	0.18***	0.25***	0.14***			2.81	(0.87)
9. Verbal violence	0.00	−0.26***	−0.11**	−0.23***	0.36***	0.21***	0.32***	0.40***		3.28	(0.88)
10. Attacks of property	0.00	−0.12**	−0.08*	−0.07	0.28***	0.15***	0.48***	0.28***	0.36***	2.22	(0.82)

Notes: $638 < N < 641$.
* $p < .05$.
** $p < .01$.
*** $p < .001$.

relation with resilience. A multiple regression model was used to investigate which factors continued to be associated with resilience while controlling for all the other possible predictors outlined. We checked the assumptions of the regression analyses, namely the normality and homoscedasticity of residuals, presence of outliers and multicollinearity. Listwise deletion was used to handle missing data.

3. Results

The results of the correlations support the assumptions that peer victimization and perceived discrimination are negatively correlated with mental health, self-esteem and life satisfaction (Table 3). As expected, the index of resilience is not associated with the measures of social victimization, which reinforces that the index of resilience in the face of social victimization is independent of the level of exposure to this risk and grants validity to this measure.

3.1. Protective and vulnerability factors and resilience

On the regression analyses to investigate protective factors, no major violations of the statistical assumptions were observed. One outlier case was detected. We decided not the exclude this case from the analyses because no errors on the data of this case were observed and its removal did not alter the findings. Results are presented in Table 4. The fully adjusted model explained 43% of the variance of resilience. The consistent (significant in both the simple and multiple linear models) protective factors predicting of higher levels of psychological adjustment in the face of social victimization identified were: having a satisfactory relationship with the mother, the use of active and humorous coping strategies. Negatively associated with resilience (thus, vulnerability factors) were: having an anxious personality, the use of self-blame coping, and substance use coping. Behavioral disengagement coping was related to resilience but with a neglectable magnitude. Socio-demographic characteristics, empathy, familial optimism, perceived admiration from parents, intimacy and conflict in the relationships with parents were not significantly related to resilience. Thus, they confer no protection or vulnerability in the face of social victimization.

Table 4
Predictors of resilience in the face of peer victimization and perceived discrimination.

	Unadjusted models					Fully adjusted model		
	B	95% CI	β	F	R_a^2	B	95% CI	β
Male gender	0.27	[0.18, 0.36]	0.23***	(1, 636) = 34.68	0.05	0.09	[−0.02, 0.20]	0.07
Age	0.02	[−0.02, 0.06]	0.04	(1, 633) = 1.11	0.00	0.02	[−0.02, 0.06]	0.04
Non-Portuguese	0.05	[−0.11, 0.21]	0.03	(1, 630) = 0.35	0.00	−0.03	[−0.23, 0.18]	−0.01
Ethnic minority	0.07	[−0.08, 0.21]	0.04	(1, 622) = 0.82	0.00	0.02	[−0.16, 0.20]	0.01
Not catholic	−0.07	[−0.20, 0.05]	−0.05	(1, 501) = 1.31	0.00	0.02	[−0.09, 0.13]	0.02
Lesbian, gay or bisexual	−0.13	[−0.35, 0.07]	−0.05	(1, 627) = 1.66	0.00	−0.01	[−0.21, 0.19]	0.00
Vocational course	0.09	[−0.03, 0.20]	0.06	(1, 633) = 2.01	0.00	0.00	[−0.13, 0.13]	0.00
Parental education - university	0.02	[−0.09, 0.12]	0.01	(1, 629) = 0.05	0.00	0.05	[−0.05, 0.15]	0.04
Anxious personality	−0.33	[−0.40, −0.26]	−0.34***	(1, 639) = 82.51	0.11	−0.19	[−0.28, −0.09]	−0.18***
Perspective taking	0.05	[−0.02, 0.12]	0.06	(1, 637) = 1.97	0.00	−0.01	[−0.09, 0.08]	−0.01
Empathic concern	−0.06	[−0.14, 0.01]	−0.07	(1, 639) = 2.72	0.00	0.10	[0.01, 0.19]	0.10*
Active coping	0.27	[0.21, 0.32]	0.37***	(1, 635) = 98.05	0.13	0.12	[0.05, 0.19]	0.16**
Support	0.08	[0.04, 0.12]	0.14***	(1, 635) = 13.43	0.02	0.01	[−0.04, 0.07]	0.02
Positive reframing	0.20	[0.16, 0.24]	0.36***	(1, 635) = 92.47	0.13	0.04	[−0.02, 0.10]	0.07
Venting	0.16	[0.12, 0.20]	0.31***	(1, 636) = 65.02	0.09	0.02	[−0.03, 0.07]	0.04
Humor	0.16	[0.12, 0.20]	0.30***	(1, 636) = 65.02	0.09	0.08	[0.03, 0.13]	0.15**
Religion	0.02	[−0.02, 0.06]	0.03	(1, 635) = 0.75	0.00	0.02	[−0.03, 0.06]	0.03
Behavioral disengagement	−0.20	[−0.24, −0.15]	−0.33***	(1, 635) = 76.49	0.11	−0.06	[−0.11, −0.00]	−0.09*
Denial	−0.02	[−0.06, 0.03]	−0.03	(1, 635) = 0.39	0.00	0.00	[−0.05, 0.05]	0.00
Self-blame	−0.20	[−0.24, −0.17]	−0.39***	(1, 635) = 111.70	0.15	−0.13	[−0.17, −0.08]	−0.23***
Substance use	−0.07	[−0.13, −0.02]	−0.11**	(1, 635) = 8.18	0.01	−0.10	[−0.15, −0.04]	−0.14***
Familial optimism	0.25	[0.20, 0.31]	0.34***	(1, 634) = 80.21	0.11	0.05	[−0.02, 0.11]	0.06
Satisfaction w/ mother	0.17	[0.12, 0.21]	0.29***	(1, 620) = 58.62	0.09	0.12	[0.03, 0.20]	0.20**
Satisfaction w/ father	0.13	[0.09, 0.17]	0.25***	(1, 588) = 38.45	0.06	−0.03	[−0.10, 0.05]	−0.05
Intimacy w/ mother	0.09	[0.05, 0.13]	0.19***	(1, 615) = 22.46	0.03	0.02	[−0.03, 0.07]	0.04
Intimacy w/ father	0.11	[−0.07, 0.16]	0.20***	(1, 585) = 24.76	0.04	0.02	[−0.04, 0.08]	0.04
Admiration by mother	0.15	[0.11, 0.19]	0.26***	(1, 616) = 43.06	0.06	0.00	[−0.09, 0.09]	0.00
Admiration by father	0.14	[0.09, 0.18]	0.25***	(1, 585) = 39.33	0.06	0.05	[−0.03, 0.14]	0.09
Conflicts w/ mother	−0.08	[−0.13, −0.03]	−0.12**	(1, 619) = 9.30	0.01	0.05	[−0.01, 0.11]	0.07
Conflicts w/ father	−0.04	[−0.09, 0.01]	−0.07	(1, 590) = 2.93	0.00	−0.03	[−0.08, 0.03]	−0.04
						F (30, 441) = 12.17***		
						R_a^2 = 0.43		

Note: 95% CI = Confidence intervals of the regression coefficients, β = standardized regression coefficients, R_a^2 = Adjusted R square.
* $p < .05$.
** $p < .01$.
*** $p < .001$.

4. Discussion

This study aimed to investigate individual and familial protective and vulnerability factors associated with resilience when exposed to peer victimization and perceived discrimination in a sample of high school students. We present a model that explains 43% of resilience in the face of peer victimization and perceived discrimination, with several protective and vulnerability factors being identified.

4.1. Individual-level protective factors

No sociodemographic variables significantly predicted psychological resilience when considering individual and familiar protection mechanisms. However, in the unadjusted models, boys showed higher levels of resilience. Previous literature shows mixed evidence regarding gender differences in psychological adjustment following peer victimization and perceived discrimination. For instance, in studies using a similar methodology, Bowes et al. (2010) report no gender differences in the level of emotional resilience, but Sapouna and Wolke (2013) report boys show a higher level of emotional resilience. In studies using other methods mixed evidence is also observed. Some studies show no gender differences in the strength of associations between being victimization and bias-harassment with internalizing and externalizing behaviors and self-esteem (Bucchianeri et al., 2014; Forbes, Magson, & Rapee, 2020). Other studies have shown stronger effects of victimization on depressive symptoms in boys than in girls (Rothon, Head, Klineberg, & Stansfeld, 2011; Yin et al., 2017), but the opposite has also been observed (Takizawa et al., 2014). In our study, the effect of gender was of small magnitude and no longer significant when accounting for the protection mechanisms. Thus, a possible fully mediated effect of gender can be present, as gender could be related to the different levels of anxious personality, use of different coping strategies, and the quality of relationships with parents (De Goede, Branje, & Meeus, 2009; Rose & Rudolph, 2006; Smetana, Campione-Barr, & Metzger, 2006; van Harmelen et al., 2016; Yin et al., 2017). Future studies should investigate this hypothesis.

Active coping and the use of humor (e.g., making jokes about the stressful situation) were predictors of greater resilience. But the associations were of smaller magnitude than the associations of the maladaptive coping strategies with resilience. In previous studies, the use of active coping strategies had been shown to be associated with lower levels of depression among young people who suffered peer victimization (Hemphill et al., 2014; Yin et al., 2017). To our knowledge, this is the first study to show the use of humor as a coping strategy is related to resilience in the face of peer victimization. However, previous studies had shown that victims think the use of humor is one of the most effective actions in stopping bullying (Sulkowski, Bauman, Dinner, Nixon, & Davis, 2014), and also that humor styles (affiliate or aggressive) are affected by victimization (Fox, Hunter, & Jones, 2015).

Social support, including both instrumental and emotional support, and venting coping strategies, which are commonly investigated in studies of resilience, were not significant predictors of the levels of resilience in the face of social victimization. Other studies have also suggested the limited power of the support provided by family and peers to buffer peer victimization's negative impact (Burke et al., 2017; Sapouna & Wolke, 2013; van Harmelen et al., 2016). To our knowledge, only in one study has peer support been protective, having moderated the association between victimization and lifetime self-harm (Klomek et al., 2016), and this study may suffer from the bias of reverse causality, given the periods for assessing support (current) and self-harm (lifetime). Furthermore, some studies suggest that relationships with parents and friends are negatively affected by peer victimization experiences and discrimination (Burke et al., 2017; Fullchange & Furlong, 2016; Riina & McHale, 2012; van Harmelen et al., 2016). Thus, the absence of a significant association with resilience may indicate that even if support is available, it may not be enough to buffer the impact of social victimization.

4.2. Individual-level vulnerability factors

Having an anxious personality was negatively associated with resilience. Although scarcely investigated in the literature of peer victimization and discrimination, studies on resilience using person-centered analyses revealed lower levels of negative emotionality among adolescents who showed resilience to several adversities (Masten & Tellegen, 2012) and lower levels of neuroticism among resilient adults to childhood maltreatment (Collishaw et al., 2007). These findings suggest that anxious people may be more vulnerable to the pervasive effects of victimization (Luthar et al., 2000; Ungar, 2013) and social victimization at this developmental stage may also negatively affect the dispositional anxiety levels, and consequently, restrict the expression of a resilience adjustment.

Concerning coping strategies, self-blame coping was the strongest predictor of lack of psychological resilience in the face of social victimization. Self-blaming had already been associated with greater depression, anxiety, loneliness, and lower self-esteem (Graham & Juvonen, 1998), and some studies show that peer victimization is associated with an increase in self-blaming and a decrease in self-compassion (Catterson & Hunter, 2010; Guy, Lee, & Wolke, 2017; Játiva & Cerezo, 2014; Schacter, White, Chang, & Juvonen, 2015). Thus, it may happen that being the target of victimization may increase the likelihood of self-blame coping, and consequently decrease the probability of a resilient response.

Substance use as a way to deal with stress was associated with lower resilience. Increasing levels of substance use have been observed to be a consequence of peer victimization and discrimination (Gilbert & Zemore, 2016; Moore et al., 2017; Pascoe & Richman, 2009), and the present study suggest that this way of coping signals the lack of resilience in the face of social victimization.

4.3. Family-level protective and vulnerability factors

Of an assessment of familial optimism and several qualities of the relationships with parents – satisfaction, intimacy, valorization,

and conflict with both mother and father – only having a satisfactory relationship with the mother revealed to be positively associated with resilience. A previous study has shown maternal warmth was associated with higher emotional resilience to peer victimization (Bowes et al., 2010). Levels of intimacy (e.g., sharing personal matters, which implies good communication and confidence in relationships) and perceived to be valued by parents was not associated with adjustment, which is in line with findings regarding social support coping. Other studies have observed that parental support did not moderate the associations between victimization and depression (Burke et al., 2017) and self-harm (Klomek et al., 2016). The fact that a significant association is only observed regarding the relationship with the mother, and not the father, may be related to adolescents spending more time with mothers and possibly mother-child relationships having a more complex balance between perceived power and support than father-child relationships (De Goede et al., 2009; Laursen & Collins, 2009; Smetana et al., 2006).

Having frequent conflicts/arguments with parents was not observed to be a vulnerability factor for resilience in the face of social victimization. This finding is in line with some studies of peer victimization with adolescents (Hemphill et al., 2014; McVie, 2014), but contrasts with another study regarding resilience to bullying (Sapouna & Wolke, 2013) and with a couple of studies with ethnic and sexual minority adolescents (Freitas et al., 2016; Juang & Alvarez, 2010). Possible reasons for the discrepancies in findings may relate with the age of the sample – in Sapouna and Wolke (2013) study the bullied children were younger (10–12 years) – or the nature of the type of violence, discrimination version bullying, for instance, peer victimization is a more transient phenomenon, while experiences of discrimination are reported to be chronic.

Some disparities observed in the results between this study and previous literature can lie in the outcome of interest. Most of the literature on peer victimization and discrimination has focused on internalizing or externalizing symptoms, while we analyzed self-esteem and satisfaction with life in addition to mental health. Our outcome was thus more focused on psychological well-being and positive measures of adjustment, and it is possible that the observed protection factors identified here may not be generable to internalizing behaviors.

4.4. Strengths and limitations

One of the strengths of this study is the effort employed to obtain, as possible, a random sample of the socially diverse high school students, and also the effort employed to ensure the instruments presented good internal reliability. This ensures the research has a satisfactory degree of internal and external validity. Moreover, we developed a comprehensive measure of resilience conferring robustness to the findings. One limitation is related to the use of self-report instruments and the collection of information only from the participants. Recall bias is thus an inherent limitation of this study. This bias will probably be more present in the reports of peer victimization, which could have taken place at any point in life. The limitation of having only one informant is particularly relevant when assessing the relationships with parents or carers, and thus the impact of family interactions may not have been fully estimated (Bowes et al., 2010). Additionally, the investigation on family relations has not considered interactions with other family or household members, namely with siblings, which previous research has revealed to affect resilience in the face of bullying (Sapouna & Wolke, 2013). Another limitation of the study is its cross-sectional nature, not allowing us to make inferences about causality; these findings need to be replicated in longitudinal studies. Also, the measure of coping strategies is not focused on social victimization situations, which would allow for a more accurate estimation of the impact of coping strategies on resilience. These two limitations combined may suggest that the results regarding the general selection of coping strategies may indicate an already (un)successful attempt to achieve resilience in the face of peer victimization and perceived discrimination.

4.5. Implications for research

Future research is needed to investigate further the novel findings of this study, employing longitudinal designs. Additionally, we focused on protective and vulnerability factors for the victim's psychological adjustment considering internal outcomes and measured via self-report. Further research can investigate if the observed protective factors are relevant for resilience manifested in other internal (e.g., suicidal ideation, self-harm) and external outcomes (e.g., school performance, additive substance use). There is growing evidence that peer victimization and discrimination have pernicious effects on the patterns of stress response and consequential inflammation, which in turn contribute to premature ageing and mortality (Beckie, 2012; Berger & Sarnyai, 2015; Copeland et al., 2014; McEwen, 2007; Moore et al., 2017), and future research should investigate the protective factors for biological outcomes. Additionally, it is important to investigate the protective effects of resources in the communities and the wider social systems (Ungar & Theron, 2020). These could include school-wide interventions to decrease bullying and promote well-being in the face of violence, increase availability and engagement in extra-curricular activities, which can foster a sense of mastery, and increase availability and free access to psychological therapies.

4.6. Implications for practice

Previous research has shown that the deleterious effects of peer victimization and perceived discrimination is never completely buffered (Armitage, Wang, Davis, Bowes, & Haworth, 2021; Freitas, Coimbra, Marturano, et al., 2017); in that context, resilience can only be acknowledged as the least of worse outcomes. Thus, the utmost priority is to decrease levels of social victimization. We know victimization does not affect all students equally, as it is imbedded in prejudice and cultural standards (Bucchianeri et al., 2014; Freitas, Coimbra, Marturano, et al., 2017; Menesini & Salmivalli, 2017; Mitchell et al., 2020; Thornberg, 2015), and this also needs to be addressed in primary prevention. Given the associations between peer aggression and social prejudices (Carrera-Fernández et al.,

2013; Goodboy et al., 2016), it is crucial that anti-bullying programs are designed to target sexism, homophobia, racism, religious bias, and bias towards body appearance (specially in relation to weight; Freitas, Coimbra, Marturano, et al., 2017).

Intervention with victims should focus on the protective and vulnerability factors identified in this study. It is crucial to address anxiety and feelings of helplessness and challenge acts of self-blaming. The frequency of substance use as a way to deal with stress must be assessed and presented as an unproductive way to ease the pain. It would be important to foster the person's sense of agency, active coping, and encourage positive meaning-making (as denoted in the use of humor coping). The research's correlational nature allows to suggest that students who have been victimized and lack the observed protective factors, or show the use of negative coping strategies (self-blame or substance use), should receive care to prevent further psychological deterioration and prevent negative chain reactions.

Family interventions should also be provided, given the importance of having a good relationship with parents. Having a positive relationship with parents, and having established a secure attachment, is recognized to have beneficial effects in multiple dimensions of development and confer protection against several life adversities (Masten, Lucke, Nelson, & Stallworthy, 2021). In addition, evidence suggests that positive parenting behavior is protective of peer victimization (Lereya, Samara, & Wolke, 2013). Therefore, interventions that target parent-child relationships will both act on the level of exposure to risk but also on the response to peer victimization and discrimination.

4.7. Conclusions

This study investigated individual and family level factors related to resilience in the face of peer victimization and perceived discrimination. Given the pervasive, long-term impact of victimization and the absence of a complete resilient response, the primary focus of interventions must be on an efficient implementation of anti-bullying policies, which should also cover bias-based victimization. In the presence of victimization, this study findings suggest that the critical areas for individual interventions to promote resilience are fostering active coping and humor, and decreasing self-blame and substance use coping. Moreover, it is crucial to work on the relationships with the parents (or other caregivers), as evidence suggests that positive parenting practices are related to reduced risk of victimization for children and this study shows that a having good relationship with the mother may foster resilience. Furthermore, especially among youth minorities frequently exposed to discrimination, resilient trajectories depend heavily on other specific protection mechanisms that should be available in their contexts.

Funding

This work was supported by funding awarded to the first author: a doctoral fellowship of the Portuguese Foundation for Science and Technology (SFRH/BD/79575/2011), the International Students' USP Grant Programme (2014.1.3765.1.1) and the COST Action 1311 (project INTERFASOL) for a short-term scientific mission. Additionally, it was supported by funds attributed to the Centre for Psychology at the University of Porto by the Portuguese Foundation for Science and Technology (CPUP UID/PSI/00050/2013; FEDER/COMPETE2020 POCI-01-0145-FEDER-007294).

References

António, R., & Moleiro, C. (2015). Social and parental support as moderators os the effects of homophobic bullying on psychological distress in youth. *Psychology in the Schools, 52*(8), 729–742. https://doi.org/10.1002/pits.21856

Armitage, J. M., Wang, R. A. H., Davis, O. S. P., Bowes, L., & Haworth, C. M. A. (2021). Peer victimisation during adolescence and its impact on wellbeing in adulthood: A prospective cohort study. *BMC Public Health, 21*(1), 148. https://doi.org/10.1186/s12889-021-10198-w

Arseneault, L. (2018). Annual research review: The persistent and pervasive impact of being bullied in childhood and adolescence: Implications for policy and practice. *Journal of Child Psychology and Psychiatry, 59*(4), 405–421. https://doi.org/10.1111/jcpp.12841

Averdijk, M., Eisner, M., & Ribeaud, D. (2014). Do social relationships protect victimized children against internalizing problems? *Journal of School Violence, 13*(1), 80–99. https://doi.org/10.1080/15388220.2013.842175

Azevedo, A. S., & Faria, L. (2004). Auto-estima no ensino secundário: Validação da Rosenberg self-esteem scale. In C. Machado, L. Almeida, M. Gonçalves, & V. Ramalho (Eds.), *Actas da X Conferência Internacional Avaliação Psicológica: Formas e Contextos* (pp. 415–421). Psiquilíbrios Edições.

Beckie, T. M. (2012). A systematic review of allostatic load, health, and health disparities. *Biological Research for Nursing, 14*(4). https://doi.org/10.1177/1099800412455688

Berger, M., & Sarnyai, Z. (2015). "More than skin deep": Stress neurobiology and mental health consequences of racial discrimination. *Stress, 18*(1), 1–10. https://doi.org/10.3109/10253890.2014.989204

Bos, H., Gartrell, N., van Balen, F., Peyser, H., & Sandfort, T. G. M. (2008). Children in planned lesbian families: A cross-cultural comparison between the United States and the Netherlands. *American Journal of Orthopsychiatry, 78*(2), 211–219. https://doi.org/10.1037/a0012711

Bowes, L., Maughan, B., Caspi, A., Moffitt, T. E., & Arseneault, L. (2010). Families promote emotional and behavioural resilience to bullying: Evidence of an environmental effect. *Journal of Child Psychology and Psychiatry, 51*(7), 809–817. https://doi.org/10.1111/j.1469-7610.2010.02216.x

Bucchianeri, M. M., Eisenberg, M. E., Wall, M. M., Piran, N., & Neumark-Sztainer, D. (2014). Multiple types of harassment: Associations with emotional well-being and unhealthy behaviors in adolescents. *Journal of Adolescent Health, 54*(6), 724–729. https://doi.org/10.1016/j.jadohealth.2013.10.205

Bucchianeri, M. M., Gower, A. L., McMorris, B. J., & Eisenberg, M. E. (2016). Youth experiences with multiple types of prejudice-based harassment. *Journal of Adolescence, 51*, 68–75. https://doi.org/10.1016/j.adolescence.2016.05.012

Burke, T., Sticca, F., & Perren, S. (2017). Everything's gonna be alright! The longitudinal interplay among social support, peer victimization, and depressive symptoms. *Journal of Youth and Adolescence, 46*(9), 1999–2014. https://doi.org/10.1007/s10964-017-0653-0

Carrera-Fernández, M.-V., Lameiras-Fernández, M., Rodríguez-Castro, Y., & Vallejo-Medina, P. (2013). Bullying among Spanish secondary education students: The role of gender traits, sexism, and homophobia. *Journal of Interpersonal Violence, 28*(14), 2915–2940. https://doi.org/10.1177/0886260513488695

Carvalhosa, S., Moleiro, C., & Sales, C. (2009). Violence in Portuguese schools. *International Journal of Violence and School*, 57–78. https://repositorio.iscte-iul.pt/handle/10071/14359.

Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the brief COPE. *International Journal of Behavioral Medicine, 4*(1), 92–100. https://doi.org/10.1207/s15327558ijbm0401_6

Cassidy, C., O'Connor, R. C., Howe, C., & Warden, D. (2004). Perceived discrimination and psychological distress: The role of personal and ethnic self-esteem. *Journal of Counseling Psychology, 51*(33), 329–339.
Catterson, J., & Hunter, S. C. (2010). Cognitive mediators of the effect of peer victimization on loneliness. *The British Journal of Educational Psychology, 80*, 403–416. https://doi.org/10.1348/000709909X481274
Coimbra, S., & Mendonça, M. G. (2013). Intergenerational solidarity and satisfaction with life: Mediation effects with emerging adults. *Paidéia (Ribeirão Preto), 23*(55), 161–169. https://doi.org/10.1590/1982-43272355201303
Collishaw, S., Pickles, A., Messer, J., Rutter, M., Shearer, C., & Maughan, B. (2007). Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. *Child Abuse & Neglect, 31*(3), 211–229. https://doi.org/10.1016/j.chiabu.2007.02.004
Copeland, W. E., Wolke, D., Lereya, S. T., Shanahan, L., Worthman, C., & Costello, E. J. (2014). Childhood bullying involvement predicts low-grade systemic inflammation into adulthood. *Proceedings of the National Academy of Sciences, 111*(21), 7570–7575. https://doi.org/10.1073/pnas.1323641111
Costa, P., & McCrae, R. R. (1992). *NEO PI-R professional manual.* Psychological Assessment Resources.
Davis, M. H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of Personality and Social Psychology, 44*(1), 113–126. https://doi.org/10.1037/0022-3514.44.1.113
De Goede, I. H. A., Branje, S. J. T., & Meeus, W. H. J. (2009). Developmental changes in adolescents' perceptions of relationships with their parents. *Journal of Youth and Adolescence, 38*(1), 75–88. https://doi.org/10.1007/s10964-008-9286-7
Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49*(1), 71–75. https://doi.org/10.1207/s15327752jpa4901_13
Dovidio, J. F., Major, B., & Crocker, J. (2000). Stigma: Introduction and overview. In T. F. Heatherton, R. E. Kleck, M. R. Hebl, & J. G. Hull (Eds.), *The social psychology of stigma* (pp. 1–28). Guilford Press (Issues 1–28.
Elamé, E. (2013). *Discriminatory bullying: A new intercultural challenge*. Springer-Verlag. https://doi.org/10.1007/978-88-470-5235-2
Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health, 26*, 399–419. https://doi.org/10.1146/annurev.publhealth.26.021304.144357
Forbes, M. K., Magson, N. R., & Rapee, R. M. (2020). Evidence that different types of peer victimization have equivalent associations with transdiagnostic psychopathology in adolescence. *Journal of Youth and Adolescence*. https://doi.org/10.1007/s10964-020-01202-4
Fox, C. L., Hunter, S. C., & Jones, S. E. (2015). The relationship between peer victimization and children's humor styles: It's no laughing matter! *Social Development, 24*(3), 443–461. https://doi.org/10.1111/sode.12099
Freitas, D. F., Coimbra, S., & Fontaine, A. M. (2017). Resilience in LGB youths: A systematic review of protection mechanisms. *Paidéia (Ribeirão Preto), 27*(66), 69–79. https://doi.org/10.1590/1982-43272766201709
Freitas, D. F., Coimbra, S., Marturano, E. M., & Fontaine, A. M. (2015). Adaptação da Pscala de Discriminação quotidiana para jovens portugueses [Adaptation of the everyday discrimination scale to Portuguese youth]. *Psicologia: Reflexão e Crítica, 28*(4), 708–717. https://doi.org/10.1590/1678-7153.201528408
Freitas, D. F., Coimbra, S., Marturano, E. M., Marques, S. C., Oliveira, J. E., & Fontaine, A. M. (2017). Resilience in the face of peer victimisation and discrimination: The who, when and why in five patterns of adjustment. *Journal of Adolescence, 59*, 19–34. https://doi.org/10.1016/j.adolescence.2017.05.009
Freitas, D. F., D'Augelli, A. R., Coimbra, S., & Fontaine, A. M. (2016). Discrimination and mental health among gay, lesbian, and bisexual youths in Portugal: The moderating role of family relationships and optimism. *Journal of GLBT Family Studies, 12*(1), 68–90. https://doi.org/10.1080/1550428X.2015.1070704
Freitas, D. F., Fernandes-Jesus, M., Ferreira, P. D., Coimbra, S., Teixeira, P. M., de Moura, A., Gato, J., Marques, S. C., & Fontaine, A. M. (2018). Psychological correlates of perceived ethnic discrimination in Europe: A meta-analysis. *Psychology of Violence, 8*(6), 712–725. https://doi.org/10.1037/vio0000215
Fullchange, A., & Furlong, M. J. (2016). An exploration of effects of bullying victimization from a complete mental health perspective. *SAGE Open, 6*(1), 1–12. https://doi.org/10.1177/2158244015623593
Furman, W., & Buhrmester, D. (1985). Children's perceptions of the personal relationships in their social networks. *Developmental Psychology, 21*(6), 1016–1024. https://doi.org/10.1037//0012-1649.21.6.1016
Gilbert, P. A., & Zemore, S. E. (2016). Discrimination and drinking: A systematic review of the evidence. *Social Science and Medicine, 161*, 178–194. https://doi.org/10.1016/j.socscimed.2016.06.009
Gloppen, K., McMorris, B., Gower, A., & Eisenberg, M. (2018). Associations between bullying involvement, protective factors, and mental health among American Indian youth. *American Journal of Orthopsychiatry, 88*(4), 413–421. https://doi.org/10.1037/ort0000284
Goodboy, A. K., Martin, M. M., & Rittenour, C. E. (2016). Bullying as an expression of intolerant schemas. *Journal of Child & Adolescent Trauma, 9*(4), 277–282. https://doi.org/10.1007/s40653-016-0089-9
Graham, S., & Juvonen, J. (1998). Self-blame and peer victimization in middle school: An attributional analysis. *Developmental Psychology, 34*(3), 587–599. https://doi.org/10.1037/0012-1649.34.3.587
Guy, A., Lee, K., & Wolke, D. (2017). Differences in the early stages of social information processing for adolescents involved in bullying. *Aggressive Behavior, 43*(6), 578–587. https://doi.org/10.1002/ab.21716
Hatzenbuehler, M. L., McLaughlin, K. A., Keyes, K. M., & Hasin, D. S. (2010). The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: A prospective study. *American Journal of Public Health, 100*(3), 452–459. https://doi.org/10.2105/AJPH.2009.168815
Hemphill, S. A., Tollit, M., & Herrenkohl, T. I. (2014). Protective factors against the impact of school bullying perpetration and victimization on young adult externalizing and internalizing problems. *Journal of School Violence, 13*(1), 125–145. https://doi.org/10.1080/15388220.2013.844072
Hunter, S. C., Durkin, K., Heim, D., Howe, C., & Bergin, D. (2010). Psychosocial mediators and moderators of the effect of peer-victimization upon depressive symptomatology. *Journal of Child Psychology and Psychiatry, 51*(10), 1141–1149. https://doi.org/10.1111/j.1469-7610.2010.02253.x
Ioverno, S., Belser, A. B., Baiocco, R., Grossman, A. H., & Russell, S. T. (2016). The protective role of gay–straight alliances for lesbian, gay, bisexual, and questioning students: A prospective analysis. *Psychology of Sexual Orientation and Gender Diversity, 3*(4), 397–406. https://doi.org/10.1037/sgd0000193
Játiva, R., & Cerezo, M. A. (2014). The mediating role of self-compassion in the relationship between victimization and psychological maladjustment in a sample of adolescents. *Child Abuse & Neglect, 38*(7), 1180–1190. https://doi.org/10.1016/j.chiabu.2014.04.005
Juang, L., & Alvarez, A. (2010). Discrimination and adjustment among Chinese American adolescents: Family conflict and family cohesion as vulnerability and protective factors. *American Journal of Public Health, 100*(12), 2403–2409. https://doi.org/10.2105/AJPH.2009.185959
Klomek, A. B., Snir, A., Apter, A., Carli, V., Wasserman, C., Hadlaczky, G., Hoven, C. W., Sarchiapone, M., Balazs, J., Bobes, J., Brunner, R., Corcoran, P., Cosman, D., Haring, C., Kahn, J.-P., Kaess, M., Postuvan, V., Sisask, M., Tubiana, A.Wasserman, D., … (2016). Association between victimization by bullying and direct self injurious behavior among adolescence in Europe: A ten-country study. *European Child & Adolescent Psychiatry, 25*(11), 1183–1193. https://doi.org/10.1007/s00787-016-0840-7
Kochenderfer, B. J., & Ladd, G. W. (1996). Peer victimization: Cause or consequence of school maladjustment? *Child Development, 67*(4), 1305. https://doi.org/10.2307/1131701
Laranjeira, C. A. (2008). Tradução e validação Portuguesa do revised life orientation test (LOT-R) [Portuguese translation and validation of the revised life orientation test (LOT-R)]. *Universitas Psychologica, 7*(2), 469–476. https://www.redalyc.org/pdf/647/64770213.pdf.
Laursen, B., & Collins, W. A. (2009). Parent-child relationships during adolescence. In R. M. Lerner, & L. Steinberg (Eds.), *2. Handbook of Adolescent Psychology* (pp. 3–42). John Wiley & Sons, Inc.. https://doi.org/10.1002/9780470479193.adlpsy002002
Lereya, S. T., Samara, M., & Wolke, D. (2013). Parenting behavior and the risk of becoming a victim and a bully/victim: A meta-analysis study. *Child Abuse & Neglect, 37*(12), 1091–1108. https://doi.org/10.1016/j.chiabu.2013.03.001
Lima, M. P., & Simões, A. (2000). NEO-PI-R manual profissional. *CEGOC*.
Limpo, T., Alves, R. A., & Castro, S. L. (2010). Medir a empatia: Adaptação Portuguesa do Índice de reactividade interpessoal [Measuring empathy: Portuguese adaptation of the interpersonal reactivity Index]. *Laboratório de Psicologia, 8*(2), 171–184. https://repositorio-aberto.up.pt/bitstream/10216/86583/2/86151.pdf.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543–562. https://doi.org/10.1111/1467-8624.00164

Masten, A. S., Lucke, C. M., Nelson, K. M., & Stallworthy, I. C. (2021). Resilience in development and psychopathology: Multisystem perspectives. *Annual Review of Clinical Psychology, 17*(1), 521–549. https://doi.org/10.1146/annurev-clinpsy-081219-120307

Masten, A. S., & Tellegen, A. (2012). Resilience in developmental psychopathology: Contributions of the project competence longitudinal study. *Development and Psychopathology, 24*(2), 345–361. https://doi.org/10.1017/S095457941200003X

McDougall, P., & Vaillancourt, T. (2015). Long-term adult outcomes of peer victimization in childhood and adolescence: Pathways to adjustment and maladjustment. *American Psychologist, 70*(4), 300–310. https://doi.org/10.1037/a0039174

McEwen, B. S. (2007). Physiology and neurobiology of stress and adaptation: Central role of the brain. *Physiological Reviews, 87*(3), 873–904. https://doi.org/10.1152/physrev.00041.2006

McVie, S. (2014). The impact of bullying perpetration and victimization on later violence and psychological distress: A study of resilience among a scottish youth cohort. *Journal of School Violence, 13*(1), 39–58. https://doi.org/10.1080/15388220.2013.841586

Mendonça, M., & Fontaine, A. M. (2013). Late nest leaving in Portugal: Its effects on individuation and parent-child relationships. *Emerging Adulthood, 1*(3), 233–244. https://doi.org/10.1177/2167696813481773

Menesini, E., & Salmivalli, C. (2017). Bullying in schools: The state of knowledge and effective interventions. *Psychology, Health & Medicine, 22*(sup1), 240–253. https://doi.org/10.1080/13548506.2017.1279740

Mitchell, K. J., Jones, L. M., Turner, H. A., Hamby, S., Farrell, A., Cuevas, C., & Daly, B. (2020). Exposure to multiple forms of bias victimization on youth and young adults: Relationships with trauma symptomatology and social support. *Journal of Youth and Adolescence*. https://doi.org/10.1007/s10964-020-01304-z

Moore, S. E., Norman, R. E., Suetani, S., Thomas, H. J., Sly, P. D., & Scott, J. G. (2017). Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis. *World Journal of Psychiatry, 7*(1), 60. https://doi.org/10.5498/wjp.v7.i1.60

Mynard, H., & Joseph, S. (2000). Development of the multidimensional peer-victimization scale. *Aggressive Behavior, 26*(2), 169–178. https://onlinelibrary.wiley.com/doi/10.1002/(SICI)1098-2337(2000)26:2%3C169::AID-AB3%3E3.0.CO;2-A.

Neto, F. (1999). Satisfação com a Vida e características de personalidade [Satisfaction with life and personality]. *Psychologica, 22*, 55–70.

Ouellet-Morin, I., Danese, A., Bowes, L., Shakoor, S., Ambler, A., Pariante, C. M., Papadopoulos, A. S., Caspi, A., Moffitt, T. E., & Arseneault, L. (2011). A discordant monozygotic twin design shows blunted cortisol reactivity among bullied children. *Journal of the American Academy of Child & Adolescent Psychiatry, 50*(6), 574–582.e3. https://doi.org/10.1016/j.jaac.2011.02.015

Overbeek, G., Zeevalkink, H., Vermulst, A., & Scholte, R. H. J. (2010). Peer victimization, self-esteem, and ego resilience types in adolescents: A prospective analysis of person-context interactions. *Social Development, 19*(2), 270–284. https://doi.org/10.1111/j.1467-9507.2008.00535.x

Pascoe, E., & Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin, 135*(4), 531–554. https://doi.org/10.1037/a0016059

Poteat, V. P., Sinclair, K. O., Digiovanni, C. D., Koenig, B. W., & Russell, S. T. (2013). Gay-straight alliances are associated with student health: A multischool comparison of LGBTQ and heterosexual youth. *Journal of Research on Adolescence, 23*(2), 319–330. https://doi.org/10.1111/j.1532-7795.2012.00832.x

Poteat, V. P., Watson, R. J., & Fish, J. N. (2021). Teacher support moderates associations among sexual orientation identity outness, victimization, and academic performance among LGBQ+ youth. *Journal of Youth and Adolescence*. https://doi.org/10.1007/s10964-021-01455-7

Reijntjes, A., Kamphuis, J. H., Prinzie, P., Boelen, P. A., Van Der Schoot, M., & Telch, M. J. (2011). Prospective linkages between peer victimization and externalizing problems in children: A meta-analysis. *Aggressive Behavior, 37*(3), 215–222. https://doi.org/10.1002/ab.20374

Reijntjes, A., Kamphuis, J. H., Prinzie, P., & Telch, M. J. (2010). Peer victimization and internalizing problems in children: A meta-analysis of longitudinal studies. *Child Abuse and Neglect, 34*(4), 244–252. https://doi.org/10.1016/j.chiabu.2009.07.009

Ribeiro, J. L. P. (2001). Mental health inventory: Um estudo de adaptação à população Portuguesa [Mental health inventory: Adaptation study to the Portuguese population]. *Psicologia, Saúde & Doenças, 2*(1), 77–99.

Ribeiro, J. P., & Rodrigues, A. P. (2004). Questões acerca do coping: A propósito do estudo de adaptação do brief COPE [Some questions about coping: The study of the Portuguese adaptation of the brief COPE]. *Psicologia, Saúde & Doenças, 5*(1), 3–15. http://www.scielo.mec.pt/pdf/psd/v5n1/v5n1a01.pdf.

Riina, E. M., & McHale, S. M. (2012). Adolescents' experiences of discrimination and parent-adolescent relationship quality: The moderating roles of sociocultural processes. *Journal of Family Issues, 33*(7), 851–873. https://doi.org/10.1177/0192513X11423897

Rose, A. J., & Rudolph, K. D. (2006). A review of sex differences in peer relationship processes: Potential trade-offs for the emotional and behavioral development of girls and boys. *Psychological Assessment, 132*(1), 98–131. https://doi.org/10.1037/0033-2909.132.1.98

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press.

Rothon, C., Head, J., Klineberg, E., & Stansfeld, S. (2011). Can social support protect bullied adolescents from adverse outcomes? A prospective study on the effects of bullying on the educational achievement and mental health of adolescents at secondary schools in East London. *Journal of Adolescence, 34*(3), 579–588. https://doi.org/10.1016/j.adolescence.2010.02.007

Russell, S. T., Sinclair, K. O., Poteat, V. P., & Koenig, B. W. (2012). Adolescent health and harassment based on discriminatory bias. *American Journal of Public Health, 102*(3), 493–495. https://doi.org/10.2105/AJPH.2011.300430

Rutter, M. (2013). Annual research review: Resilience - clinical implications. *Journal of Child Psychology and Psychiatry, 54*(4), 474–487. https://doi.org/10.1111/j.1469-7610.2012.02615.x

Sapouna, M., & Wolke, D. (2013). Resilience to bullying victimization: The role of individual, family and peer characteristics. *Child Abuse and Neglect, 37*(11), 997–1006. https://doi.org/10.1016/j.chiabu.2013.05.009

Schacter, H. L., White, S. J., Chang, V. Y., & Juvonen, J. (2015). "Why me?": Characterological self-blame and continued victimization in the first year of middle school. *Journal of Clinical Child & Adolescent Psychology, 44*(3), 446–455. https://doi.org/10.1080/15374416.2013.865194

Scheier, M. F., & Carver, C. S. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. *Health Psychology, 4*(3), 219–247. https://doi.org/10.1037/0278-6133.4.3.219

Schmitt, M. T., Branscombe, N. R., Postmes, T., & Garcia, A. (2014). The consequences of perceived discrimination for psychological well-being: A meta-analytic review. *Psychological Bulletin, 140*(4), 921–948. https://doi.org/10.1037/a0035754

Seaton, E. K., Neblett, E. W., Cole, D. J., & Prinstein, M. J. (2013). Perceived discrimination and peer victimization among African American and Latino youth. *Journal of Youth and Adolescence, 42*(3), 342–350. https://doi.org/10.1007/s10964-012-9848-6

Seaton, E. K., Neblett, E. W., Upton, R. D., Hammond, W. P., & Sellers, R. M. (2011). The moderating capacity of racial identity between perceived discrimination and psychological well-being over time among african american youth. *Child Development, 82*(6), 1850–1867. https://doi.org/10.1111/j.1467-8624.2011.01651.x

Smart Richman, L., & Leary, M. R. (2009). Reactions to discrimination, stigmatization, ostracism, and other forms of interpersonal rejection: A multimotive model. *Psychological Review, 116*(2), 365–383. https://doi.org/10.1037/a0015250

Smetana, J. G., Campione-Barr, N., & Metzger, A. (2006). Adolescent development in interpersonal and societal contexts. *Annual Review of Psychology, 57*, 255–284. https://doi.org/10.1146/annurev.psych.57.102904.190124

Sulkowski, M. L., Bauman, S. A., Dinner, S., Nixon, C., & Davis, S. (2014). An investigation into how students respond to being victimized by peer aggression. *Journal of School Violence, 13*(4), 339–358. https://doi.org/10.1080/15388220.2013.857344

Takizawa, R., Maughan, B., & Arseneault, L. (2014). Adult health outcomes of childhood bullying victimization: Evidence from a five-decade longitudinal british birth cohort. *American Journal of Psychiatry, 171*(7), 777–784. https://doi.org/10.1176/appi.ajp.2014.13101401

Thornberg, R. (2015). School bullying as a collective action: Stigma processes and identity struggling. *Children & Society, 29*(4), 310–320. https://doi.org/10.1111/chso.12058

Toomey, R. B., & Russell, S. T. (2013). Gay-straight alliances, social justice involvement, and school victimization of lesbian, gay, bisexual, and queer youth: Implications for school well-being and plans to vote. *Youth and Society, 45*(4), 500–522. https://doi.org/10.1177/0044118X11422546

Tran, A. G. T. T. (2015). In these spaces: Perceived neighborhood quality as a protective factor against discrimination for lesbian, gay, and bisexual (LGB) adults. *Psychology of Sexual Orientation and Gender Diversity, 2*(3), 345–352. https://doi.org/10.1037/sgd0000113

Ttofi, M. M., Bowes, L., Farrington, D. P., & Lösel, F. (2014). Protective factors interrupting the continuity from school bullying to later internalizing and externalizing problems: A systematic review of prospective longitudinal studies. *Journal of School Violence, 13*(1), 5–38. https://doi.org/10.1080/15388220.2013.857345

Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, Violence, & Abuse, 14*(3), 255–266. https://doi.org/10.1177/1524838013487805

Ungar, M. (2019). Designing resilience research: Using multiple methods to investigate risk exposure, promotive and protective processes, and contextually relevant outcomes for children and youth. *Child Abuse & Neglect, 96*, Article 104098. https://doi.org/10.1016/j.chiabu.2019.104098

Ungar, M., & Theron, L. (2020). Resilience and mental health: How multisystemic processes contribute to positive outcomes. *Lancet Psychiatry, 7*, 441–448. https://doi.org/10.1016/S2215-0366(19)30434-1

Urano, Y., Takizawa, R., Ohka, M., Yamasaki, H., & Shimoyama, H. (2020). Cyber bullying victimization and adolescent mental health: The differential moderating effects of intrapersonal and interpersonal emotional competence. *Journal of Adolescence, 80*, 182–191. https://doi.org/10.1016/j.adolescence.2020.02.009

van Geel, M., Goemans, A., Zwaanswijk, W., Gini, G., & Vedder, P. (2018). Does peer victimization predict low self-esteem, or does low self-esteem predict peer victimization? Meta-analyses on longitudinal studies. *Developmental Review, 49*, 31–40. https://doi.org/10.1016/j.dr.2018.07.001

van Harmelen, A.-L., Gibson, J. L., St Clair, M. C., Owens, M., Brodbeck, J., Dunn, V., Lewis, G., Croudace, T., Jones, P. B., Kievit, R. A., & Goodyer, I. M. (2016). Friendships and family support reduce subsequent depressive symptoms in at-risk adolescents. *PLOS ONE, 11*(5), Article e0153715. https://doi.org/10.1371/journal.pone.0153715

Vassallo, S., Edwards, B., Renda, J., & Olsson, C. A. (2014). Bullying in early adolescence and antisocial behavior and depression six years later: What are the protective factors? *Journal of School Violence, 13*(1), 100–124. https://doi.org/10.1080/15388220.2013.840643

Veiga, F. H. (2011). Bullying and school disruption assessment: Studies with portuguese adolescent students. *Procedia - Social and Behavioral Sciences, 29*, 469–476. https://doi.org/10.1016/j.sbspro.2011.11.265

Williams, D. R., Yan, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health. *Journal of Health Psychology, 2*(3), 335–351. https://doi.org/10.1177/135910539700200305

Wolke, D., & Lereya, S. T. (2015). Long-term effects of bullying. *Archives of Disease in Childhood, 100*(9), 879–885. https://doi.org/10.1136/archdischild-2014-306667

Woodford, M. R., Kulick, A., & Atteberry, B. (2015). Protective factors, campus climate, and health outcomes among sexual minority college students. *Journal of Diversity in Higher Education, 8*(2), 73–87. https://doi.org/10.1037/a0038552

Yin, X.-Q., Wang, L.-H., Zhang, G.-D., Liang, X.-B., Li, J., Zimmerman, M. A., & Wang, J.-L. (2017). The promotive effects of peer support and active coping on the relationship between bullying victimization and depression among Chinese boarding students. *Psychiatry Research, 256*(2), 59–65. https://doi.org/10.1016/j.psychres.2017.06.037