



Commentary

Peer and parents' support are crucial protective factors against adolescent victimization by bullying

Anat Brunstein Klomek

Baruch Ivcher School of Psychology, Interdisciplinary Center, Herzliya, Israel

ARTICLE INFO

Article History:

Received 17 March 2020

Accepted 17 March 2020

Available online 17 May 2020

Bullying victimization is a highly prevalent and challenging problem. Most of our knowledge regarding bullying comes from the western world and therefore studies like the one by Biswas et al. [1] are extremely important in shedding light on the international prevalence of this phenomenon. This was the first study to comprehensively estimate the pervasiveness of victimization and its association with peer and parental support among adolescents across 83 low- and middle- income to high- income countries. Results indicated that nearly one- third of the adolescents studied had experienced victimization by bullying in the last 30 days prior to the study. This finding, however, included adolescents who reported being victimized on "one or more days". The prevalence of bullying may be lower when we examine only those who are frequently involved [2].

The most significant finding of the current study was that in all countries surveyed, parental and peer support were protective against victimization. No matter what the countries' socioeconomic level was or its cultural norms, all victimized adolescents were and are in need of both parental and peer support. Parents, school staff and mental health providers should be knowledgeable about the difference it makes when an adolescent has been victimized but has received social support. They should learn how to best provide support to a victimized adolescent which is not trivial as it seems. Similarly, we should make sure that all victims know how to obtain support when it is needed. Unfortunately, many adolescents in need do not know how to adaptively seek social support. Increased awareness about the significance of social support in adolescents' mental health [3] is now even reflected in governmental support. As an example, the United Kingdom has nominated a Minister of Loneliness [4] and I hope to see other countries following suit.

Interventions for victimized adolescents should specifically include practicing skills to increase social support and reduce loneliness.

Adolescents should learn and practice how to initiate and maintain relationships as well as ask for support and receive it. Interpersonal Psychotherapy for Adolescents (IPT-A), for example, is time-limited, manualized psychotherapy [5] which is based on the work of attachment theory [6], and the interpersonal theories of Henry Stack Sullivan [7]. The treatment aims to both decrease depressive symptoms and to improve interpersonal functioning within significant relationships. It includes work with parents and schools. IPT-A has demonstrated efficacy in reducing depressive symptoms and improving the quality of interpersonal and social functioning in adolescents [8] and can also be used for prevention [9].

I think this manuscript should be another wake up call for all of us to support victimized children as much as needed and to teach our children to be supportive peers. We are all bystanders in bullying prevention and as such we should do everything, we can to support victims [10]. Question which remain for future studies is what types of social and peer support are the most protective and how do we teach them most effectively.

Declaration of Competing Interest

None.

References

- [1] Biswas T, Scott JG, Munir K, Hannah J, Thomas KH, Huda MM, Hasan M, de Vries TD, Baxter J, Mamun AA. Global variation in the prevalence of bullying victimisation among adolescents: role of peer and parental supports. *Eclin Med* 2020 <https://doi.org/10.1016/j.eclinm.2020.100276>.
- [2] Brunstein Klomek A, Sourander A, Gould M. The association of suicide and bullying in childhood to young adulthood: a review of cross-sectional and longitudinal research findings. *Can J Psychiatry* 2010;55(5):282–8.
- [3] Wang J, Mann F, Lloyd-Evans B, Ma R, Johnson S. Associations between loneliness and perceived social support and outcomes of mental health problems: a systematic review. *BMC Psychiatry* 2018;18(1):156. doi: 10.1186/s12888-018-1736-5.
- [4] Pimlott N. Ministry of Loneliness. *Can Fam Phys* 2018;64(3):166.
- [5] Mufson L, Dorta KP, Wickramaratne P, Nomura Y, Olfson M, Weissman MM. A randomized effectiveness trial of Interpersonal Psychotherapy for depressed adolescents. *Arch Gen Psychiatry* 2004;61:577–84.
- [6] Bowlby J. Attachment theory and its therapeutic implications. *Adolescent Psychiatry* 1978;6:5–33.
- [7] Sullivan HS. The interpersonal theory of psychiatry. USA: WW Norton & Co.; 1953.
- [8] Rossello J, Bernal G. The efficacy of cognitive-behavioral and interpersonal treatments for depression in Puerto Rican adolescents. *J Consult Clin Psychol* 1999;67(5):734–45.
- [9] La Greca A, Ehrenreich-May J, Mufson L, Chan S. Preventing adolescent social anxiety and depression and reducing peer victimization: intervention development and open trial. *Child Youth Care Forum* 2016;45(6):905–26 201645. doi: 10.1007/s10566-016-9363-0.
- [10] Salmivalli C, Voeten M, Poskiparta E. Bystanders matter: associations between reinforcing, defending, and the frequency of bullying behavior in classrooms. *J Clin Child Adolesc Psychol* 2011;40(5):668–76.

DOI of original article: <http://dx.doi.org/10.1016/j.eclinm.2020.100276>.E-mail address: bkanat@ic.ac.il<https://doi.org/10.1016/j.eclinm.2020.100328>2589-5370/© 2020 The Author(s). Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license. (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)